

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SFA Fund, Inc

ADDRESS (number and street)

1305 W 11th Street



#217

Check if different  
than previously  
reported. (ACC)

Houston

TX

77008

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00828061

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Reid, Katie, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Reid, Katie, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

SFA Fund, Inc

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 01 2023

To:

M M / D D / Y Y Y Y Y  
06 30 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	18696847.33	18696847.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	18696847.33	18696847.33
7. Total Disbursements (from Line 31).....	1641890.53	1641890.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	17054956.80	17054956.80
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**Federal Election Commission  
999 E Street, NW  
Washington, DC 20463Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

SFA Fund, Inc

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2023

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2023

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

75.00

75.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

75.00

75.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

75.00

75.00

## 12. Transfers From Affiliated/Other

Party Committees.....

770272.33

770272.33

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

17926500.00

17926500.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

18696847.33

18696847.33

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

18696847.33

18696847.33

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	761821.46	761821.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	761821.46	761821.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	880069.07	880069.07
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1641890.53	1641890.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1641890.53	1641890.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	75.00	75.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	75.00	75.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	761821.46	761821.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	761821.46	761821.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TEAM STAND FOR AMERICA**Mailing Address 186 SEVEN FARMS DR  
STE F-401City  
DANIEL ISLANDState  
SCZip Code  
29492-8510FEC ID number of contributing  
federal political committee.**C** C00828152

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770272.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2023**Transaction ID : SA12.1367264**

Amount of Each Receipt this Period

342127.83

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AGARWAL, ARUN, , MR.,**

Mailing Address 123 OAK LAWN AVENUE

City

DALLAS

State

TX

Zip Code

75207-6911

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NEXTTOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4901.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 23 / 2023**Transaction ID : SA12.1367278**

Amount of Each Receipt this Period

1.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AGARWAL, ARUN, , MR.,**

Mailing Address 123 OAK LAWN AVENUE

City

DALLAS

State

TX

Zip Code

75207-6911

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NEXTTOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4901.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2023**Transaction ID : SA12.1367279**

Amount of Each Receipt this Period

4900.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

342127.83

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AGARWAL, JITEN, , ,**

Mailing Address 13710 SLATE CREEK LN

City  
HOUSTONState  
TXZip Code  
77077-2146FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
EXPEDIENOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 15 / 2023**Transaction ID : SA12.1367281**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ALDRIDGE, LEAH, S., ,**

Mailing Address 951 WEST CONWAY DRIVE NORTHWEST

City  
ATLANTAState  
GAZip Code  
30327-3637FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2023**Transaction ID : SA12.1367376**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ATTIAS, CECILIA, MARIA, MS.,**

Mailing Address 555 MADISON AVENUE

City  
NEW YORKState  
NYZip Code  
10022-3301FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CAFWOccupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2023**Transaction ID : SA12.1367413**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BADZIN, ELLIOTT, , MR.,

Mailing Address 1380 CORPORATE CENTER CURVE

City  
EAGANState  
MNZip Code  
55121-1200FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ELLIOTT AUTO SUPPLY CO., INC.Occupation (for Individual)  
CEO & PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2023

Transaction ID : SA12.1367272

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BADZIN, MARLYS, , MRS.,

Mailing Address 4830 W LAKE HARRIET PKWY

City  
MINNEAPOLISState  
MNZip Code  
55410-1904FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PUMPZ & CO.Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2023

Transaction ID : SA12.1367291

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAILEY, BRYAN, , ,

Mailing Address 6820 MEADOW LAKE CIR  
SUITE 170City  
DALLASState  
TXZip Code  
75214-3410FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DALFORT CAPITAL PARTNERSOccupation (for Individual)  
FINANCE PROFESSIONAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2023

Transaction ID : SA12.1367282

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BATTINA, PRAVEEN, , ,**

Mailing Address 7661 GYPSY SHIRE LN

City  
FRISCO

State  
TX

Zip Code  
75036-5237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
VISAM TECHNOLOGIES INC

Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **21** / **2023**

**Transaction ID : SA12.1367386**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BETHUNE, BRENDA, , ,**

Mailing Address 3601 NORTH OCEAN BOULEVARD

City  
MYRTLE BEACH

State  
SC

Zip Code  
29577-2949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
CITY OF MYRTLE BEACH

Occupation (for Individual)  
MAYOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **14** / **2023**

**Transaction ID : SA12.1367356**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BLAKE, EMILY, C., ,**

Mailing Address 4150 INTERNATIONAL PLZ  
SUITE 600

City  
FORT WORTH

State  
TX

Zip Code  
76109-4831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
CREATIVE SOLUTIONS

Occupation (for Individual)  
ACCOUNTS PAYABLE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **23** / **2023**

**Transaction ID : SA12.1367287**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BLAKE, GARY, , MR.,**Mailing Address 4150 INTERNATIONAL PLAZA  
STE 600City  
FORT WORTHState  
TXZip Code  
76109-4831FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CREATIVE SOLUTIONSOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2023**Transaction ID : SA12.1367290**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BLAKE, GRAYSON, R., ,**

Mailing Address 6905 SANCTUARY HEIGHTS RD

City  
FORT WORTHState  
TXZip Code  
76132-7113FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STUDENTOccupation (for Individual)  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2023**Transaction ID : SA12.1367285**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BLAKE, MALISA, , MS.,**

Mailing Address 6905 SANCTUARY HEIGHTS ROAD

City  
FORT WORTHState  
TXZip Code  
76132-7113FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CREATIVE SOLUTIONS IN HEALTHCAREOccupation (for Individual)  
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 24 / 2023**Transaction ID : SA12.1367269**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOURKOFF, ARYEH, , MR. ,

Mailing Address 155 EAST 79TH STREET  
APT. 7City  
NEW YORKState  
NYZip Code  
10075-0421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LIONTREE LLCOccupation (for Individual)  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2023

Transaction ID : SA12.1367353

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
 TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOURKOFF, ELANA, , ,

Mailing Address 155 EAST 79TH STREET  
APT. 7City  
NEW YORKState  
NYZip Code  
10075-0421FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2023

Transaction ID : SA12.1367367

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
 TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROOKS, JAMES, , ,

Mailing Address 3329 KNOT ALLEY

City  
JOHNS ISLANDState  
SCZip Code  
29455-7176FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

Transaction ID : SA12.1367372

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
 TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BROWN, IKE, , MR,**

Mailing Address 5430 PALOMAR LN

City  
DALLASState  
TXZip Code  
75229-6412FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NFI, INCOccupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023**Transaction ID : SA12.1367267**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CHESNOFF, ADAM, , ,**

Mailing Address 630 N BONHILL ROAD

City  
LOS ANGELESState  
CAZip Code  
90049-2302FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SABAN CAPITAL GROUPOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2023**Transaction ID : SA12.1367316**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHINTALAPATI, SIVA RAMA KRISHNAMRA, , ,**

Mailing Address 3809 ANDOVER DR.

City  
FRISCOState  
TXZip Code  
75035-5255FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MERIDIANSOFT INCOccupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2023**Transaction ID : SA12.1367400**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLE, CHRISTOPHER, , MR.,

Mailing Address 2905 GULF SHORE BOULEVARD

City  
NAPLESState  
FLZip Code  
34103-3938FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2023

Transaction ID : SA12.1367317

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLE, SHEILA, J., ,

Mailing Address 2905 GULF SHORE BOULEVARD NORTH  
UNIT 302City  
NAPLESState  
FLZip Code  
34103-3975FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2023

Transaction ID : SA12.1367348

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUNNINGHAM, LEONORE, , ,

Mailing Address 7190 GOLF RIDGE WAY

City  
HOBE SOUNDState  
FLZip Code  
33455-8046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2023

Transaction ID : SA12.1367378

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CUNNINGHAM, THOMAS, , ,

Mailing Address 7190 SE GOLF RIDGE WAY

City  
HOBE SOUNDState  
FLZip Code  
33455-8046FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAUTICONOccupation (for Individual)  
EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2023

Transaction ID : SA12.1367343

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, JAMES, S., MR.,

Mailing Address 100 GUEST STREET

City  
BOSTONState  
MAZip Code  
02135-2028FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEW BALANCEOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2023

Transaction ID : SA12.1367408

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELANEY, TIMOTHY, , ,

Mailing Address 169 RIDGE TOP LANE

City  
SALEMState  
SCZip Code  
29676-3243FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2023

Transaction ID : SA12.1367402

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DICKERSON, ANNE, , ,**Mailing Address 555 NORTHEAST 34TH STREET  
1501City  
MIAMIState  
FLZip Code  
33137-6082FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELFOccupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2023

Transaction ID : SA12.1367351

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DOHERTY, WILLIAM, , ,**

Mailing Address 5615 NORTH INVERGORDON ROAD

City

PARADISE VALLEY

State

AZ

Zip Code

85253-5213

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WALTON GLOBAL HOLDINGSOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2023

Transaction ID : SA12.1367406

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EMMET, JACQUELINE, , ,**

Mailing Address 15 AVON RD.

City

LARCHMONT

State

NY

Zip Code

10538-1420

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2023

Transaction ID : SA12.1367371

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMMET, RICHARD, , ,

Mailing Address 15 AVON ROAD

City  
LARCHMONTState  
NYZip Code  
10538-1420FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

Transaction ID : SA12.1367389

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIELDS, CLIVE, K., ,

Mailing Address 2905 MID LANE

City  
HOUSTONState  
TXZip Code  
77027-4955FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VILLAGE MEDICALOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2023

Transaction ID : SA12.1367359

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLANAGAN, RICHARD, , ,

Mailing Address 336 SNUG HARBOR ROAD

City  
NEWPORT BEACHState  
CAZip Code  
92663-5843FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RYAN SPECIALTY GROUPOccupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2023

Transaction ID : SA12.1367390

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FOLKMAN, JOE, , MR,**

Mailing Address 5225 COLLINS AVENUE APT 904

City  
MIAMI BEACHState  
FLZip Code  
33140-2504FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANDERSON INDUSTRIES LLCOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2023

Transaction ID : SA12.1367274

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FOX, PATRICK, , ,**

Mailing Address 1918 OLIVE STREET

City  
DALLASState  
TXZip Code  
75201-2265FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023

Transaction ID : SA12.1367385

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FRIEDMAN, BRIAN, , ,**

Mailing Address 173 S PONTIAC ST

City  
DENVERState  
COZip Code  
80230-6953FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GHP INVESTMENT ADVISORS, INC.Occupation (for Individual)  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2023

Transaction ID : SA12.1367357

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 180

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FRIEDMAN, DANA, , ,**

Mailing Address 173 SOUTH PONTIAC STREET

City  
DENVERState  
COZip Code  
80230-6953FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2023**Transaction ID : SA12.1367360**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GINDI, RAYMOND, , MR.,**

Mailing Address 1821 E 8TH STREET

City  
BROOKLYNState  
NYZip Code  
11223-3234FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ASG EQUITIESOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2023**Transaction ID : SA12.1367306**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOLA, DAVID, , ,**

Mailing Address 373 CENTRE ISLAND

City  
GOLDEN BEACHState  
FLZip Code  
33160-2201FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FAMILY OFFICEOccupation (for Individual)  
OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2023**Transaction ID : SA12.1367331**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 180

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOLA, SHIRAN, , ,**

Mailing Address 88 TERRACINA AVENUE

City  
GOLDEN BEACHState  
FLZip Code  
33160-2252FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2023

Transaction ID : SA12.1367399

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GOLA, YAKIR, , ,**

Mailing Address 325 CENTRE ISLAND

City  
GOLDEN BEACHState  
FLZip Code  
33160-2201FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

GOPUFF

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2023

Transaction ID : SA12.1367332

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOODWIN, KIRSTI, , ,**

Mailing Address 15 COUNTRY SQUIRE LANE

City  
RICHMONDState  
VAZip Code  
23229-8501FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

TOWER 3 INVESTMENTS

Occupation (for Individual)

INVESTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2023

Transaction ID : SA12.1367342

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GRZELAKOWSKI, EDWARD, J., ,**

Mailing Address 8325 WEST 131ST STREET

City  
PALOS PARKState  
ILZip Code  
60464-2119FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
KEMP & GRZELAKOWSKI, LTD.Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2023**Transaction ID : SA12.1367365**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GUIDERA, JAMES, , ,**

Mailing Address 3253 SUTTON PLACE

City  
WASHINGTONState  
DCZip Code  
20016-7531FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2023**Transaction ID : SA12.1367340**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GUTIEMEZ, JONATHAN, , MR.,**

Mailing Address 3841 ARUNDEL AVE.

City  
FORT WORTHState  
TXZip Code  
76109-3543FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CEDAR VALLEY GOLF COURSEOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2023**Transaction ID : SA12.1367337**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HALLORAN, TODD, , ,**

Mailing Address 2307 ATLANTIC AVENUE

City

SULLIVANS ISLAND

State

SC

Zip Code

29482-9649

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

FREEMAN SPOGLI & CO.

Occupation (for Individual)

PRIVATE EQUITY INVESTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03 / 01 / 2023**

**Transaction ID : SA12.1367403**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HALPERN, CHERYL, , ,**

Mailing Address 42 ROCKLEDGE DRIVE

City

LIVINGSTON

State

NJ

Zip Code

07039-1902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

HQ CREATIVE LLC

Occupation (for Individual)

DOCUMENTARY PRODUCER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**02 / 15 / 2023**

**Transaction ID : SA12.1367280**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HAMM, HAROLD, , MR. ,**

Mailing Address P.O. BOX 1295

City

OKLAHOMA CITY

State

OK

Zip Code

73101-1295

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

CONTINENTAL RESOURCES

Occupation (for Individual)

CHAIRMAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03 / 29 / 2023**

**Transaction ID : SA12.1367305**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HASKEL, JAMES, L., MR. ,**

Mailing Address 13 SPRUCEWOOD LN

City  
WESTPORTState  
CTZip Code  
06880-4022FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
BRIDGEWATER ASSOCIATES, LLPOccupation (for Individual)  
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 27 / 2023**Transaction ID : SA12.1367298**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUNT, HUNTER, L., ,**

Mailing Address 1900 NORTH AKARD STREET

City  
DALLASState  
TXZip Code  
75201-2729FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HUNT CONSOLIDATEDOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2023**Transaction ID : SA12.1367369**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUNT, NANCY, ANN, ,**

Mailing Address 1900 N AKARD STREET

City  
DALLASState  
TXZip Code  
75201-2729FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NANCY ANN HUNT FOUNDATIONOccupation (for Individual)  
PRINCIPAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2023**Transaction ID : SA12.1367383**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUNT, RAY, , ,**

Mailing Address 1900 N AKARD STREET

City  
DALLASState  
TXZip Code  
75201-2729FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HUNT OILOccupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2023**Transaction ID : SA12.1367296**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HUTCHINS, MICHAEL, E., ,**

Mailing Address 1 PANORAMA DR

City  
LEXINGTONState  
SCZip Code  
29072-9783FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2023**Transaction ID : SA12.1367303**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUTCHINS, PAULA, P., MRS.,**

Mailing Address 1 PANORAMA DRIVE

City  
LEXINGTONState  
SCZip Code  
29072-9783FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2023**Transaction ID : SA12.1367412**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ILISHAYEVA, OFELIYA, , ,**

Mailing Address 480 OCEAN BOULEVARD

City  
GOLDEN BEACHState  
FLZip Code  
33160-2214FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023**Transaction ID : SA12.1367384**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ILISHAYEV, RAFAEL, , ,**

Mailing Address 373 CENTRE ISLAND

City  
GOLDEN BEACHState  
FLZip Code  
33160-2201FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GOPUFFOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2023**Transaction ID : SA12.1367330**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JACOBS, JOSEPH, M., MR.,**

Mailing Address 324 PLANTATION ROAD

City  
PALM BEACHState  
FLZip Code  
33480-3415FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WEXFORD CAPITAL LPOccupation (for Individual)  
INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2023**Transaction ID : SA12.1367321**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JACOBS, MICHELLE, , MRS.,**

Mailing Address 324 PLANTATION ROAD

City  
PALM BEACHState  
FLZip Code  
33480-3415FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ASHFIELDS DESIGN INC.Occupation (for Individual)  
JEWELER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2023

**Transaction ID : SA12.1367322**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JAIN, ANURAG, , ,**

Mailing Address 5938 NORWAY ROAD

City  
DALLASState  
TXZip Code  
75230-4004FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ACCESS HEALTHCAREOccupation (for Individual)  
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2023

**Transaction ID : SA12.1367352**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JASTIPOORNA, SAMBASIVA, , ,**

Mailing Address 967 CIMARRON ROAD

City  
FRISCOState  
TXZip Code  
75036-8140FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
VISAM TECHNOLOGIES INCOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2023

**Transaction ID : SA12.1367395**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. JASTI, USHA, , ,**

Mailing Address 967 CIMARRON ROAD

City  
FRISCOState  
TXZip Code  
75036-8140FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USHAJASTI INCOccupation (for Individual)  
IT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 23 / 2023

Transaction ID : SA12.1367404

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JAVDAN, DAVID, , ,**

Mailing Address 7505 ARROWOOD ROAD

City  
BETHESDAState  
MDZip Code  
20817-2824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALVAREZ MARSALOccupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2023

Transaction ID : SA12.1367323

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KANNEGANTI, SAMBASIVA, , ,**

Mailing Address 2720 WOOD VALE DRIVE

City  
PROSPERState  
TXZip Code  
75078-2485FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ABC INCOccupation (for Individual)  
SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2023

Transaction ID : SA12.1367396

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KANTOR, LISA, , MRS.,**

Mailing Address 1 WINDCREST ROAD

City  
RYE

State  
NY

Zip Code  
10580-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKER

Occupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023

**Transaction ID : SA12.1367327**

Amount of Each Receipt this Period

1700.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KANTOR, TODD, , MR.,**

Mailing Address 1 WINDCREST DR

City  
RYE

State  
NY

Zip Code  
10580-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENCOMPASS CAPITAL

Occupation (for Individual)  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023

**Transaction ID : SA12.1367297**

Amount of Each Receipt this Period

1700.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KAPOOR, DEEPAK, , ,**

Mailing Address 333 LAS OLAS WAY

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33301-2363

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOLARIS HEALTH HOLDINGS, LLC

Occupation (for Individual)  
PHYSICIAN/ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2023

**Transaction ID : SA12.1367363**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAPOOR, RENU, , ,

Mailing Address 27 SAGAMORE DRIVE

City  
PLAINVIEWState  
NYZip Code  
11803-1516FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2023

Transaction ID : SA12.1367388

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAPOOR, RITU, , ,

Mailing Address 333 LAS OLAS WAY

City  
FORT LAUDERDALEState  
FLZip Code  
33301-2363FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RITU INTERIORSOccupation (for Individual)  
INTERIOR DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2023

Transaction ID : SA12.1367391

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KASSEL, TERRY, , ,

Mailing Address 320 ISLAND RD

City  
PALM BEACHState  
FLZip Code  
33480-4751FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ELLIOTT INVESTMENT MANAGEMENTOccupation (for Individual)  
STRATEGIC HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2023

Transaction ID : SA12.1367401

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KENDRICK, KEN, , ,**

Mailing Address 3964 EAST PARADISE VIEW DRIVE

City  
PARADISE VALLEYState  
AZZip Code  
85253-3800FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ARIZONA DIAMONDBACKOccupation (for Individual)  
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2023**Transaction ID : SA12.1367375**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KENDRICK, RANDY, , ,**

Mailing Address 3964 EAST PARADISE VIEW DRIVE

City  
PARADISE VALLEYState  
AZZip Code  
85253-3800FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
DIAMONDBACKS BASEBALLOccupation (for Individual)  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

71800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2023**Transaction ID : SA12.1367347**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KIM SCHAAD, INA, , MRS.,**

Mailing Address 200 CEDAR HEIGHTS ROAD

City  
RHINEBECKState  
NYZip Code  
12572-3347FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
MENTAL COACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2023**Transaction ID : SA12.1367410**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KLOBUCHAR, LOU, , MR.,**

Mailing Address 14 CROSS WICKS COURT

City  
NORTH BARRINGTONState  
ILZip Code  
60010-6929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2023

Transaction ID : SA12.1367304

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KONDURI, SATYA R C, , ,**

Mailing Address 2273 BRISTLEGRASS ROAD

City  
FRISCOState  
TXZip Code  
75033-7094FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SEARCHINIT TECHNOLOGIESOccupation (for Individual)  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 23 / 2023

Transaction ID : SA12.1367397

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEAMAN, J., RICHARD, MR., III**

Mailing Address 190 CLAPBOARD RIDGE RD

City  
GREENWICHState  
CTZip Code  
06831-3352FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

55000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2023

Transaction ID : SA12.1367407

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEVINSON, DAVID, , ,**

Mailing Address 142 WEST 57TH STREET, 18TH FLOOR

City  
NEW YORK

State  
NY

Zip Code  
10019-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LL HOLDING COMPANY, LLC

Occupation (for Individual)  
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2023

**Transaction ID : SA12.1367320**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEVINSON, SIMONE, , ,**

Mailing Address 235 DUNBAR ROAD

City  
PALM BEACH

State  
FL

Zip Code  
33480-3714

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 16 / 2023

**Transaction ID : SA12.1367313**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LOQUERCIO, ROBERT, , MR.,**

Mailing Address 1600 W LAKE ST

City  
STREAMWOOD

State  
IL

Zip Code  
60107-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

41800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2023

**Transaction ID : SA12.1367302**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LOQUERCIO, VERONICA, , ,**

Mailing Address 1600 WEST LAKE STREET

City  
STREAMWOODState  
ILZip Code  
60107-4104FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2023

Transaction ID : SA12.1367405

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LOVE, ALLISON, DEAN, ,**

Mailing Address 224 WOOD DUCK RD

City  
COLUMBIAState  
SCZip Code  
29223-3131FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ALLISON DEAN LOVE CONSULTING LLCOccupation (for Individual)  
OWNER/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2023

Transaction ID : SA12.1367268

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LOVE, PHILLIP, , MR ,**

Mailing Address 224 WOOD DUCK RD

City  
COLUMBIAState  
SCZip Code  
29223-3131FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FARM BUREAUOccupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2023

Transaction ID : SA12.1367265

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUBETZKY, DANIEL, , MR.,

Mailing Address 3 TIMES SQUARE 12TH FLOOR

City  
NEW YORKState  
NYZip Code  
10036-6564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KIND LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2023

Transaction ID : SA12.1367308

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUFKIN, ADRIENNE, , MRS,

Mailing Address 143 LOWER CHURCH HILL RD

City  
WASHINGTON DEPOTState  
CTZip Code  
06794-1708FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2023

Transaction ID : SA12.1367345

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUFKIN, DAN, W., MR.,

Mailing Address 711 FIFTH AVENUE

City  
NEW YORKState  
NYZip Code  
10022-3111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FINANCIAL CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2023

Transaction ID : SA12.1367324

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LUX, DONN, , MR.,**

Mailing Address 9725 CONWAY ROAD

City  
ST. LOUISState  
MOZip Code  
63124-1668FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
LUX HOLDINGS LLCOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2023**Transaction ID : SA12.1367328**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LUX, MICHELE, , MRS.,**

Mailing Address 9725 CONWAY ROAD

City  
ST. LOUISState  
MOZip Code  
63124-1668FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2023**Transaction ID : SA12.1367329**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MANTENA, PADMAJA, , MRS. ,**

Mailing Address 214 BEARS CLUB DR

City  
JUPITERState  
FLZip Code  
33477-4202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2023**Transaction ID : SA12.1367294**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MANTENA, RAMA, R., MR.,**

Mailing Address 214 BEARS CLUB DR

City  
JUPITERState  
FLZip Code  
33477-4202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INTEGRA CONNECTOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2023

Transaction ID : SA12.1367293

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MARCUS, BERNARD, , MR.,**Mailing Address 1266 WEST PACES FERRY RD  
STE 615City  
ATLANTAState  
GAZip Code  
30327-2306FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2023

Transaction ID : SA12.1367300

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARCUS, WILMA, , MS.,**Mailing Address 1266 WEST PACES FERRY ROAD  
#615City  
ATLANTAState  
GAZip Code  
30327-2306FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2023

Transaction ID : SA12.1367414

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MAREK, SHERIE, A., MS.,**

Mailing Address 20 GRANDIN LANE

City  
CINCINNATIState  
OHZip Code  
45208-3365FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EMPIRE MKTG. STRATEGIESOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2023

Transaction ID : SA12.1367415

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MARVIN, SUSAN, , ,**

Mailing Address 5145 WEEKS ROAD

City  
EXCELSIORState  
MNZip Code  
55331-8641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2023

Transaction ID : SA12.1367270

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MAXEY, RICK, , ,**Mailing Address 4150 INTERNATIONAL PLZ  
SUITE 600City  
FORT WORTHState  
TXZip Code  
76109-4831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNEMPLOYEDOccupation (for Individual)  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 23 / 2023

Transaction ID : SA12.1367292

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCELVEEN-HUNTER, BONNIE, , MS.,**Mailing Address 1301 CAROLINA ST. STE 200  
SUITE 200City  
GREENSBOROState  
NCZip Code  
27401-1090FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
PACE COMMUNICATIONOccupation (for Individual)  
CEO/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2023

**Transaction ID : SA12.1367307**

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLER, HUGH, L., MR.,**

Mailing Address P.O. BOX 30099

City  
WINONAState  
MNZip Code  
55987-1099FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
RTP CO.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2023

**Transaction ID : SA12.1367325**

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MILLER, JENNIFER, M., MRS.,**

Mailing Address 3841 ARUNDEL AVE.

City  
FORT WORTHState  
TXZip Code  
76109-3543FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
RTP CO.Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2023

**Transaction ID : SA12.1367326**

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOSS, DIANNE, , MS.,**Mailing Address 3525 TURLE CREEK BLVD  
APT 12ACity  
DALLASState  
TXZip Code  
75219-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ENTREPRENEUROccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2023**Transaction ID : SA12.1367283**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NAU, BARBARA, , ,**

Mailing Address 3262 WESTHEIMER ROAD

City  
HOUSTONState  
TXZip Code  
77098-1002FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 26 / 2023**Transaction ID : SA12.1367355**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NAU, JOHN, L., MR., III**Mailing Address 1119 SAN FELIPE  
STE 1250City  
HOUSTONState  
TXZip Code  
77019-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SILVER EAGLE BEVERAGESOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2023**Transaction ID : SA12.1367338**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NICKERSON, ANDREW, , ,**

Mailing Address 6604 HILLBRIAR DRIVE

City  
DALLASState  
TXZip Code  
75248-5425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NICKERSON STONELEIGHOccupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2023

Transaction ID : SA12.1367350

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NICKERSON, CASH, , ,**

Mailing Address 2300 WOLF STREET, #4CD

City  
DALLASState  
TXZip Code  
75201-7050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AKKAOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2023

Transaction ID : SA12.1367277

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NIERI, MICHAEL, P., ,**

Mailing Address 181 CAPTAIN LOWMAN ROAD

City  
CHAPINState  
SCZip Code  
29036-8581FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GREAT SOUTHERN HOMESOccupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA12.1367381

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NIERI, ROBYN, , ,**

Mailing Address 181 CAPTAIN LOWMAN ROAD

City  
CHAPINState  
SCZip Code  
29036-8581FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023**Transaction ID : SA12.1367392**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. OWEN, RANDEL, GLENN, MR. ,**

Mailing Address 9268 S. PERRY PARK ROAD

City  
LARKSPURState  
COZip Code  
80118-7801FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2023**Transaction ID : SA12.1367335**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PEACOCK, DAVID, , ,**

Mailing Address 8 WINSTON WOODS DRIVE

City  
HOUSTONState  
TXZip Code  
77024-7049FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TOM PEACOCK NISSANOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2023**Transaction ID : SA12.1367361**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PEACOCK, MARY KAYE, , MRS.,**

Mailing Address 12202 PARK AVE

City  
WINDERMEREState  
FLZip Code  
34786-7710FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2023**Transaction ID : SA12.1367411**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PEACOCK, WARNER, , MR.,**

Mailing Address 12202 PARK AVE

City  
WINDERMEREState  
FLZip Code  
34786-7710FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
PEACOCK AUTOMOTIVEOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2023**Transaction ID : SA12.1367409**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PHILLIPS, JORDAN, , MR.,**

Mailing Address 10 LIMEHOUSE STREET

City  
CHARLESTONState  
SCZip Code  
29401-2306FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SOUTH STREET PARTNERS NC, LLCOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2023**Transaction ID : SA12.1367310**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PHILLIPS, MEGAN, , MRS.,**

Mailing Address 10 LIMEHOUSE STREET

City  
CHARLESTONState  
SCZip Code  
29401-2306FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2023**Transaction ID : SA12.1367318**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RAFAILOV, REBECCA, , ,**

Mailing Address 373 CENTRE ISLAND

City  
GOLDEN BEACHState  
FLZip Code  
33160-2201FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023**Transaction ID : SA12.1367387**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RANDOLPH, AUDREY, , ,**

Mailing Address 6 LEGARE STREET

City  
CHARLESTONState  
SCZip Code  
29401-2336FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NIKKI HALEY FOR PRESIDENTOccupation (for Individual)  
OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2023**Transaction ID : SA12.1367354**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RANDOLPH, CHRIS, , ,**

Mailing Address 6 LEGARE STREET

City  
CHARLESTONState  
SCZip Code  
29401-2336FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
SOUTH STREET PARTNERSOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2023

Transaction ID : SA12.1367358

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REDLICH, CHRISTOPHER, R., MR., JR.**

Mailing Address 4760 SHARPSVILLE ROAD

City  
MURFREESBOROState  
TNZip Code  
37130-7901FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2023

Transaction ID : SA12.1367339

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REYNOLDS, ROBERT, L., ,**

Mailing Address 153 GARFIELD ROAD

City  
CONCORDState  
MAZip Code  
01742-4905FEC ID number of contributing  
federal political committee.Name of Employer (for Individual)  
PUTNAM INVESTMENTSOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2023

Transaction ID : SA12.1367336

Amount of Each Receipt this Period

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROBERTSON, ALEXANDER, , ,**

Mailing Address 136 EAST 64 STREET, APT 10E

City  
NEW YORKState  
NYZip Code  
10065-7380FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TIGER MGMTOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2023**Transaction ID : SA12.1367309**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROEDER, RICHARD, , MR.,**

Mailing Address 216 QUEENS ROAD WEST

City  
CHARLOTTEState  
NCZip Code  
28204-3218FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
VANCE STREET CAPITAL LLCOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2023**Transaction ID : SA12.1367276**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ROSE, DOUGLAS, , ,**

Mailing Address 10550 HUSSEY LANE

City  
CARMELState  
INZip Code  
46032-7921FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
IRWIN R ROSE & CO., LLCOccupation (for Individual)  
REAL ESTATE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2023**Transaction ID : SA12.1367364**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROSE, MICHELLE, , ,**

Mailing Address 10550 HUSSEY LANE

City  
CARMELState  
INZip Code  
46032-7921FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 02 / 2023

Transaction ID : SA12.1367382

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SABAG, SHALOM, , ,**

Mailing Address 88 TERRACINA AVENUE

City  
GOLDEN BEACHState  
FLZip Code  
33160-2252FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GOPUFFOccupation (for Individual)  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023

Transaction ID : SA12.1367398

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SABELHAUS, MELANIE, R., ,**

Mailing Address 2777 GULF SHORE BOULEVARD NORTH

City  
NAPLESState  
FLZip Code  
34103-4386FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2023

Transaction ID : SA12.1367314

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SANTINI, MICHAEL, , ,**Mailing Address 25 CENTRAL PARK WEST  
APT 10-ZCity  
NEW YORKState  
NYZip Code  
10023-7216FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UBS GROUPOccupation (for Individual)  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA12.1367380

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SASSON, ALBERTO, , MR.,**

Mailing Address 136 GOLDEN BEACH DRIVE

City  
GOLDEN BEACHState  
FLZip Code  
33160-2241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DECCA & OTTOOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2023

Transaction ID : SA12.1367311

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SASSON, MONICA, , ,**

Mailing Address 136 GOLDEN BEACH DRIVE

City  
GOLDEN BEACHState  
FLZip Code  
33160-2241FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFINITE ROSEOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 18 / 2023

Transaction ID : SA12.1367295

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHAAD, IAN, , ,**

Mailing Address 200 CEDAR HEIGHTS ROAD

City  
RHINEBECKState  
NYZip Code  
12572-3347FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2023

Transaction ID : SA12.1367370

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHLOEMER, ANDREA, , ,**

Mailing Address 8025 N. GRAY LOG LANE

City  
FOX POINTState  
WIZip Code  
53217-2954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2023

Transaction ID : SA12.1367349

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHLOEMER, JAMES, , MR.,**

Mailing Address W134N8675 EXECUTIVE PARKWAY

City  
MENOMONEE FALLSState  
WIZip Code  
53051-3310FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONTINENTAL PROPERTIES COMPANY, INC.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

82000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2023

Transaction ID : SA12.1367344

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWARTZWALD, KEITH, , MR.,

Mailing Address 5145 WEEKS ROAD

City  
EXCELSIORState  
MNZip Code  
55331-8641FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2023

Transaction ID : SA12.1367312

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILL, IGOR, , ,

Mailing Address P.O. BOX 123

City  
GLENBROOKState  
NVZip Code  
89413-0123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SILL FAMILY VINEYARDSOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2023

Transaction ID : SA12.1367346

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMALL, DAVID, , ,

Mailing Address 190 LIBERTY ROAD, SUITE ONE

City  
CRYSTAL LAKEState  
ILZip Code  
60014-8067FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GROSVENOR CAPITAL MANAGEMEMTOccupation (for Individual)  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2023

Transaction ID : SA12.1367362

Amount of Each Receipt this Period

1300.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, BARBARA, S., ,

Mailing Address PO BOX 191

City  
ENGLEWOODState  
NJZip Code  
07631-0191FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2023

Transaction ID : SA12.1367288

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, RANDALL, D., MR.,

Mailing Address P.O. BOX 191

City  
ENGLEWOODState  
NJZip Code  
07631-0191FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALDEN GLOBAL CAPITALOccupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2023

Transaction ID : SA12.1367315

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAR, ELIZABETH, A., ,

Mailing Address 400 5TH AVENUE SOUTH  
#201City  
NAPLESState  
FLZip Code  
34102-6550FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2023

Transaction ID : SA12.1367368

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STEAD, JERRE, , ,**

Mailing Address 10040 EAST HAPPY VALLEY ROAD

City  
SCOTTSDALEState  
AZZip Code  
85255-2395FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLARIVATE ANALYTICSOccupation (for Individual)  
CHAIRMAN EMERITUS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023

Transaction ID : SA12.1367373

Amount of Each Receipt this Period

4400.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STEAD, MARY JOY, , ,**

Mailing Address 10040 E. HAPPY VALLEY ROAD

City  
SCOTTSDALEState  
AZZip Code  
85255-2395FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023

Transaction ID : SA12.1367379

Amount of Each Receipt this Period

4400.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STERN, ALLISON, MAHER, MS.,**

Mailing Address 667 MADISON AVENUE

City  
NEW YORKState  
NYZip Code  
10065-8029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

42500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA12.1367275

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STERN, LEONARD, N., MR.,**

Mailing Address 667 MADISON AVENUE

City  
NEW YORKState  
NYZip Code  
10065-8029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE HARTZ GROUP INC.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA12.1367319

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STERN, SARAH, , ,**

Mailing Address 108 ARDSLEY ROAD

City  
SCARSDALEState  
NYZip Code  
10583-3629FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2023

Transaction ID : SA12.1367301

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STRONG, SANDRA, , ,**

Mailing Address 3753 FORT CHARLES DRIVE

City  
NAPLESState  
FLZip Code  
34102-7934FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2023

Transaction ID : SA12.1367273

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STRONG, WILLIAM, H., MR,**

Mailing Address 3753 FORT CHARLES DRIVE

City  
NAPLESState  
FLZip Code  
34102-7934FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2023

Transaction ID : SA12.1367299

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STULL, CLAIRE, , ,**

Mailing Address 1124 STATE LANE

City  
YOUNTVILLEState  
CAZip Code  
94599-9407FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2023

Transaction ID : SA12.1367289

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STULL, STEVEN, , MR.,**

Mailing Address 1 BEACH CLUB DRIVE

City  
STATELINEState  
NVZip Code  
89449-1003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ADVANTAGE CAPITALOccupation (for Individual)  
PRESIDENT, FOUNDER AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1004800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 27 / 2023

Transaction ID : SA12.1367286

Amount of Each Receipt this Period

4800.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SWINBANK, JOSEPH, , ,**

Mailing Address 1041 CONRAD SAUER DRIVE

City  
HOUSTONState  
TXZip Code  
77043-5201FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SPRINT COMPANIESOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2023**Transaction ID : SA12.1367374**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TANNENBAUM, LEN, , ,**

Mailing Address 620 SOUTH OCEAN BOULEVARD

City  
LANTANAState  
FLZip Code  
33462-3321FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AFC GAMMAOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2023**Transaction ID : SA12.1367377**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TANNENBAUM, ROBYN, , ,**

Mailing Address 620 SOUTH OCEAN BOULEVARD

City  
LANTANAState  
FLZip Code  
33462-3321FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AFC GAMMAOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2023**Transaction ID : SA12.1367393**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 54 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TOLAN, MARY, , ,**

Mailing Address 8325 WEST 131ST STREET

City  
PALOS PARKState  
ILZip Code  
60464-2119FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CHICAGO PACIFIC PARTNEROccupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2023**Transaction ID : SA12.1367341**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VERSTANDIG, GRANT, L., MR.,**

Mailing Address 1191 CREST LANE

City  
MCLEANState  
VAZip Code  
22101-1805FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RALLY HEALTH INCOccupation (for Individual)  
CO-FOUNDER & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2023**Transaction ID : SA12.1367284**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WEINBERG, RONALD, E., ,**

Mailing Address 30195 CHAGRIN BLVD., SUITE 222E

City  
CLEVELANDState  
OHZip Code  
44124-5719FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
WEINBERG CAPITAL GROUPOccupation (for Individual)  
FOUNDING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2023**Transaction ID : SA12.1367333**

Amount of Each Receipt this Period

1800.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEINBERG, TERRI, , MRS. ,

Mailing Address 30195 CHAGRIN BLVD., SUITE 222E

City  
CLEVELANDState  
OHZip Code  
44124-5719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2023

Transaction ID : SA12.1367334

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEISER, EILEEN, , ,

Mailing Address 855 COLLISTON ROAD

City  
ANN ARBORState  
MIZip Code  
48105-1030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2023

Transaction ID : SA12.1367366

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEISER, RONALD, , AMB.,

Mailing Address 320 N MAIN STREET, SUITE 200  
SUITE 200City  
ANN ARBORState  
MIZip Code  
48104-1127FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CEOOccupation (for Individual)  
MCKINLEY ASSOCIATES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2023

Transaction ID : SA12.1367271

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. YUSUPOV, RUFAT, , ,**

Mailing Address 22 EAST LAWN DRIVE

City  
HOLMDELState  
NJZip Code  
07733-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2023

Transaction ID : SA12.1367394

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ZEIDMAN, FRED, , MR.,**

Mailing Address 4265 SAN FELIPE #603

City  
HOUSTONState  
TXZip Code  
77027-2926FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2023

Transaction ID : SA12.1367266

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TEAM STAND FOR AMERICA**Mailing Address 186 SEVEN FARMS DR  
STE F-401City  
DANIEL ISLANDState  
SCZip Code  
29492-8510FEC ID number of contributing  
federal political committee.

C C00828152

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

770272.33

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA12.1367759

Amount of Each Receipt this Period

428144.50

☐ Memo Item  
TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

428144.50



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACOSTA, EDWARD, , ,**

Mailing Address 13903 BLUFF WIND

City  
SAN ANTONIOState  
TXZip Code  
78216-7916FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
LP ENTERPRISESOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 04 / 2023**Transaction ID : SA12.1367908**

Amount of Each Receipt this Period

4900.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AGRAWAL, HARI, , ,**

Mailing Address 3439 WOODBROOK LN

City  
SUGAR LANDState  
TXZip Code  
77478-4297FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CNA METALSOccupation (for Individual)  
METAL TRADE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2023**Transaction ID : SA12.1367950**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ASNESS, CLIFF, , MR. ,**

Mailing Address 28 CONYERS FARM DRIVE

City  
GREENWICHState  
CTZip Code  
06831-2735FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AQR CAPITAL MANAGEMENT LLC,Occupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 05 / 2023**Transaction ID : SA12.1367896**

Amount of Each Receipt this Period

1700.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ASNESS, LAUREL, , MRS. ,

Mailing Address 750 3RD AVE  
FL 11City  
NEW YORKState  
NYZip Code  
10017-2716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PHILANTHROPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2023

Transaction ID : SA12.1367897

Amount of Each Receipt this Period

1700.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAILEY, DAN, A., MR,

Mailing Address 3 SWALLOW FLD

City  
TERRACE PARKState  
OHZip Code  
45174-1029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

109.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA12.1367890

Amount of Each Receipt this Period

9.44

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BAILEY, DAN, A., MR,

Mailing Address 3 SWALLOW FLD

City  
TERRACE PARKState  
OHZip Code  
45174-1029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

109.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2023

Transaction ID : SA12.1367891

Amount of Each Receipt this Period

100.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BARRIER, PATRICIA, , ,**

Mailing Address PO BOX 976

City  
MEDINAState  
WAZip Code  
98039-FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 05 / 2023

Transaction ID : SA12.1367929

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BETHUNE, WESLEY, BROWN, ,**

Mailing Address 3601 N OCEAN BLVD

City  
MYRTLE BEACHState  
SCZip Code  
29577-2949FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
TIDELAND COMMERCIALOccupation (for Individual)  
REAL ESTATE / RESTAURANTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2023

Transaction ID : SA12.1367953

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BHOWMICK, SUBHANKAR, , ,**

Mailing Address 19508 GLEN UNA DR

City  
SARATOGAState  
CAZip Code  
95070-6474FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2023

Transaction ID : SA12.1367921

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BILLINGSLEY, HENRY, , ,

Mailing Address 1722 ROUTH STREET  
#770City  
DALLASState  
TXZip Code  
75201-2588FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BILLINGSLEY COMPANYOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA12.1367903

Amount of Each Receipt this Period

3200.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BILLINGSLEY, LUCY, , ,

Mailing Address 1722 ROUTH ST #770

City  
DALLASState  
TXZip Code  
75201-2588FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BILLINGSLEY COMPANYOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA12.1367902

Amount of Each Receipt this Period

3200.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRAY, ROBERT, , , JR.

Mailing Address 3501 JAMBOREE ROAD

City  
NEWPORT BEACHState  
CAZip Code  
92660-2939FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DISCOccupation (for Individual)  
NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2023

Transaction ID : SA12.1367917

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BROWN, CANDY, S., ,**

Mailing Address 3201 CENTENARY AVENUE

City  
DALLASState  
TXZip Code  
75225-4832FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
NFI, INCOccupation (for Individual)  
VICE-CHAIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 07 / 2023**Transaction ID : SA12.1367914**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DANIS, TIMOTHY, , ,**

Mailing Address 1331 RIVER CLUB DRIVE

City  
VERO BEACHState  
FLZip Code  
32963-3966FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2023**Transaction ID : SA12.1367943**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DAVIS, LYNN, , ,**

Mailing Address 10915 WALWICK DRIVE

City  
HOUSTONState  
TXZip Code  
77024-7627FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FIDELISOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA12.1367971**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DOYLE, MATTHEW, , ,**

Mailing Address 980 N. MICHIGAN AVENUE  
SUITE 1998

City  
CHICAGO

State  
IL

Zip Code  
60611-7504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
CHICAGO PACIFIC FOUNDERS

Occupation (for Individual)  
PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06** / **19** / **2023**

**Transaction ID : SA12.1367944**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DOYLE, WILLIAM, , ,**

Mailing Address 251 WHITE OAK LANE

City

WINNETKA

State

IL

Zip Code

60093-3629

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
GREENBERG TRAURIG LLP

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**06** / **16** / **2023**

**Transaction ID : SA12.1367941**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DRAPER, TIMOTHY, C., ,**

Mailing Address 55 EAST 3RD AVENUE

City

SAN MATEO

State

CA

Zip Code

94401-4010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
DRAPER MANAGEMENT COMPANY

Occupation (for Individual)  
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1255000.00

Date of Receipt

**06** / **12** / **2023**

**Transaction ID : SA12.1367916**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DUNNAN, JOHN, , ,**

Mailing Address 64 CHURCH STREET

City  
CHARLESTONState  
SCZip Code  
29401-2558FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HANDSOME PROPERTIESOccupation (for Individual)  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2023**Transaction ID : SA12.1367918**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. EFRON, PAUL, , ,**

Mailing Address 240 KAWAMA LANE

City  
PALM BEACHState  
FLZip Code  
33480-3615FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2023**Transaction ID : SA12.1367925**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FICOCELLI, KIMBERLY, A., ,**

Mailing Address 847 SOUTH NEWPORT AVENUE

City  
TAMPAState  
FLZip Code  
33606-2934FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2023**Transaction ID : SA12.1367948**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

PARTNERSHIP ATTRIBUTION: KFC CONSULTING,  
LLC; JFC ATTRIB: TEAM STAND FOR AMERICA**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOX, JEFFREY, L., ,

Mailing Address 7733 FORSYTH BLVD  
23RD FL

City  
ST LOUIS

State  
MO

Zip Code  
63105-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2023

Transaction ID : SA12.1367934

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLA, JESSICA, , ,

Mailing Address 19400 NORTHEAST 23RD AVENUE

City  
MIAMI

State  
FL

Zip Code  
33180-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023

Transaction ID : SA12.1367960

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLA, MAZI, , ,

Mailing Address 88 TERRACINA AVENUE

City  
GOLDEN BEACH

State  
FL

Zip Code  
33160-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023

Transaction ID : SA12.1367962

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOLA, OREL, , ,**

Mailing Address 88 TERRACINA AVENUE

City  
GOLDEN BEACHState  
FLZip Code  
33160-2252FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STUDENTOccupation (for Individual)  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023

Transaction ID : SA12.1367961

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRAUNKE, SUSAN, , ,**

Mailing Address 11125 GULF SHORE DRIVE

City  
NAPLESState  
FLZip Code  
34108-1940FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNEMPLOYEDOccupation (for Individual)  
UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2023

Transaction ID : SA12.1367906

Amount of Each Receipt this Period

3400.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GREER, HENRY, H., MR,**

Mailing Address 3630 LOGGERHEAD CT

City  
SEABROOK ISLANDState  
SCZip Code  
29455-6030FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA12.1367966

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GREER, LAUREL, , MRS.,**

Mailing Address 3630 LOGGERHEAD CT.

City

SEABROOK ISLAND

State

SC

Zip Code

29455-6030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA12.1367967

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRUSS, AUDREY, , ,**

Mailing Address 1574 SO. OCEAN BLVD

City

PALM BEACH

State

FL

Zip Code

33480-5119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GRUSS & CO.Occupation (for Individual)  
PHILANTHROPIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA12.1367970

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HATCHER, KRISTA, , ,**

Mailing Address 4921 SOUTH DORCHESTER AVENUE

City

CHICAGO

State

IL

Zip Code

60615-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHICAGO PACIFIC FOUNDERSOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2023

Transaction ID : SA12.1367939

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HERTZ, DOUGLAS, J., ,**

Mailing Address 5500 UNITED DRIVE SOUTHEAST

City  
SMYRNAState  
GAZip Code  
30082-4755FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
UNITED DISTRIBUTORSOccupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2023

Transaction ID : SA12.1367951

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HOTCHKIN, DAVID, , ,**

Mailing Address 46970 WEST ELDORADO DRIVE

City  
INDIAN WELLSState  
CAZip Code  
92210-8649FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ANCHOR PACIFICAOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2023

Transaction ID : SA12.1367901

Amount of Each Receipt this Period

2500.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KANTOR, LISA, , MRS.,**

Mailing Address 1 WINDCREST ROAD

City  
RYEState  
NYZip Code  
10580-1625FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 23 / 2023

Transaction ID : SA12.1367905

Amount of Each Receipt this Period

3300.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KANTOR, TODD, , MR.,**

Mailing Address 1 WINDCREST DR

City  
RYEState  
NYZip Code  
10580-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ENCOMPASS CAPITALOccupation (for Individual)  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
02 / 23 / 2023

Transaction ID : SA12.1367904

Amount of Each Receipt this Period

3300.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KAZARIAN, GREG, , ,**

Mailing Address 512 GREENVALE ROAD

City  
LAKE FORESTState  
ILZip Code  
60045-1522FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CHICAGO PACIFIC FOUNDERSOccupation (for Individual)  
HEALTHCARE EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
06 / 19 / 2023

Transaction ID : SA12.1367956

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KRAUTER, ELLIE, , ,**

Mailing Address 1415 GALLEON DRIVE

City  
NAPLESState  
FLZip Code  
34102-7713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORTRESS BRANDSOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y  
06 / 05 / 2023

Transaction ID : SA12.1367926

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KRAUTER, NEIL, , SR.**

Mailing Address 1415 GALLEON DRIVE

City  
NAPLESState  
FLZip Code  
34102-7713FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RISK STRATEGIESOccupation (for Individual)  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 05 / 2023

Transaction ID : SA12.1367927

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LEFKOWITZ, ELENA, , MRS.,**

Mailing Address 601 LEXINGTON AVE

City  
NEW YORKState  
NYZip Code  
10022-4611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
FILMMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2023

Transaction ID : SA12.1367964

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEFKOWITZ, JAY, , MR.,**

Mailing Address 65 BAYFIELD LANE

City  
WESTHAMPTON BEACHState  
NYZip Code  
11978-2540FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
K&EOccupation (for Individual)  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2023

Transaction ID : SA12.1367965

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEISURE, LAWRENCE, , ,**

Mailing Address 369 ATHERTON AVENUE

City  
ATHERTONState  
CAZip Code  
94027-6403FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CHICAGO PACIFIC FOUNDERSOccupation (for Individual)  
PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2023

Transaction ID : SA12.1367935

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LIEW, JOHN, M., ,**Mailing Address 1 GREENWICH PLAZA  
4TH FLOORCity  
GREENWICHState  
CTZip Code  
06830-6352FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AQR CAPITALOccupation (for Individual)  
FUND MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2023

Transaction ID : SA12.1367911

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LIEW, SERENA, , ,**

Mailing Address 1 GREENWICH PLAZA

City  
GREENWICHState  
CTZip Code  
06830-6352FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2023

Transaction ID : SA12.1367910

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LOEB, JOHN, , ,**

Mailing Address 194 ANDERSON HILL ROAD

City  
PURCHASEState  
NYZip Code  
10577-2101FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2023

Transaction ID : SA12.1367915

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LUCAS, KATIE, , ,**

Mailing Address 1143 WEST 116TH STREET

City  
CARMELState  
INZip Code  
46032-9512FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
LUCAS OIL PRODUCTSOccupation (for Individual)  
CHIEF ADMINISTRATIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2023

Transaction ID : SA12.1367895

Amount of Each Receipt this Period

1600.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MAINELLI, MATTHEW, , ,**

Mailing Address 104 5 MILE RIVER ROAD

City  
DARIENState  
CTZip Code  
06820-6234FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CHICAGO PACIFIC FOUNDERSOccupation (for Individual)  
PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2023

Transaction ID : SA12.1367957

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MANI, SIMON, , MR.,**Mailing Address 9200 SUNSET BOULEVARD  
SUITE 555City  
WEST HOLLYWOODState  
CAZip Code  
90069-3611FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MANI BROTHERS, LLCOccupation (for Individual)  
CEO & FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 26 / 2023**Transaction ID : SA12.1367933**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MARSTON, ROBERT, A., ,**Mailing Address 570 PARK AVENUE  
APT 6BCity  
NEW YORKState  
NYZip Code  
10065-7343FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2023**Transaction ID : SA12.1367940**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MEALEY, DONALD, C., ,**

Mailing Address 9776 COVENT GARDEN DRIVE

City  
ORLANDOState  
FLZip Code  
32827-7072FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2023**Transaction ID : SA12.1367952**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MOGLIA, JOE, , ,**

Mailing Address 505 CORNHUSKER ROAD

City  
BELLEVUEState  
NEZip Code  
68005-7913FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FG NEW AMERICA ACQUISITION CORP.Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 25 / 2023**Transaction ID : SA12.1367913**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NAMBIAR, VIPIN, , ,**Mailing Address 3500 FAIRMOUNT STREET  
APT 419City  
DALLASState  
TXZip Code  
75219-4775FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HN CAPITAL PARTNERSOccupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023**Transaction ID : SA12.1367931**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NASSOUR, JENNIFER, A., ,**

Mailing Address 12 MOUNTVIEW RD

City  
WELLESLEY HILLSState  
MAZip Code  
02481-2711FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
THREE G STRATEGIESOccupation (for Individual)  
STRATEGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2023**Transaction ID : SA12.1367945**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OBERNDORF, WILLIAM, , MR.,

Mailing Address 615 FRONT STREET

City  
SAN FRANCISCO

State  
CA

Zip Code  
94111-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OBERNDORF ENTERPRISES

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 17 / 2023

Transaction ID : SA12.1367924

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OWEN, DARA, , MRS. ,

Mailing Address 9268 S. PERRY PARK ROAD

City  
LARKSPUR

State  
CO

Zip Code  
80118-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 01 / 2023

Transaction ID : SA12.1367920

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OWEN, GREGORY, L., MR.,

Mailing Address 2011 E CARSON ST

City  
CARSON

State  
CA

Zip Code  
90810-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ABILITY-TRIMODAL

Occupation (for Individual)  
TRUCKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2023

Transaction ID : SA12.1367894

Amount of Each Receipt this Period

900.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PERAM, SUDHAKAR, , ,**

Mailing Address 145 PEACHTREE DRIVE

City  
COPPELLState  
TXZip Code  
75019-7966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VERITAS GROUP, INCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2023

Transaction ID : SA12.1367932

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PEROT, ROSS, , , JR**

Mailing Address 300 TURTLE CREEK BLVD

City  
DALLASState  
TXZip Code  
75219-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE PEROT GROUPOccupation (for Individual)  
CHAIRMAN AND CO-FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2023

Transaction ID : SA12.1367938

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PEROT, SARAH, F., ,**

Mailing Address 3000 TURTLE CREEK BOULEVARD

City  
DALLASState  
TXZip Code  
75219-6268FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SARAH AND ROSS PEROT, JR. FOUNDATIONOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2023

Transaction ID : SA12.1367936

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PHILIP, DAVID, B., MR.,**Mailing Address 885 PARK AVENUE  
APT 12ACity  
NEW YORKState  
NYZip Code  
10075-0383FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GOLDMAN SACHSOccupation (for Individual)  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 14 / 2023**Transaction ID : SA12.1367900**

Amount of Each Receipt this Period

1700.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PURCELL, JOHN, J., ,**

Mailing Address 401 EASTOVER ROAD

City  
CHARLOTTEState  
NCZip Code  
28207-2351FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RIDGEMONT EQUITY PARTNERSOccupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023**Transaction ID : SA12.1367947**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PURCELL, MCNEELY, CURTIS, ,**

Mailing Address 401 EASTOVER ROAD

City  
CHARLOTTEState  
NCZip Code  
28207-2351FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2023**Transaction ID : SA12.1367946**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RADEMACHER, JOSHUA, A., ,**

Mailing Address 847 SOUTH NEWPORT AVENUE

City  
TAMPAState  
FLZip Code  
33606-2934FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ASCEND VISION PARTNERSOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2023**Transaction ID : SA12.1367949**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFERPARTNERSHIP ATTRIBUTION: SIDEBERNSWV, LLC;  
JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. RAFAILOV, EMIN, , ,**

Mailing Address 373 CENTRE ISLAND

City

GOLDEN BEACH

State

FL

Zip Code

33160-2201

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GOBRANDS INCOccupation (for Individual)  
DIRECTOR OF SPECIAL PROJECTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA12.1367968**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. REES-JONES, TREVOR, D., ,**Mailing Address 8111 WESTCHESTER DRIVE  
SUITE 900

City

DALLAS

State

TX

Zip Code

75225-6146

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
REES-JONES HOLDINGSOccupation (for Individual)  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2023**Transaction ID : SA12.1367954**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBERTI, WILLIAM, , ,

Mailing Address 555 5TH AVENUE NORTHEAST

City  
ST. PETERSBURG

State  
FL

Zip Code  
33701-2655

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALVAREZ & MARSAL

Occupation (for Individual)  
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2023

Transaction ID : SA12.1367919

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROONEY, PETER, , ,

Mailing Address 2451 MARINO DRIVE

City  
NEWPORT BEACH

State  
CA

Zip Code  
92663-5649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SARES-REGIS GROUP

Occupation (for Individual)  
CO-PRESIDENT AND MANAGING PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

103400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2023

Transaction ID : SA12.1367907

Amount of Each Receipt this Period

3400.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSENBERG, ANDREW, N., ,

Mailing Address 28 BEECH HILL ROAD

City  
PLEASANTVILLE

State  
NY

Zip Code  
10570-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAUL, WEISS

Occupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2023

Transaction ID : SA12.1367930

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROSENBLATT, MARK, , ,**

Mailing Address 108 ARDSLEY ROAD

City  
SCARSDALEState  
NYZip Code  
10583-3629FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RATIONALWAVE ASSOCITESOccupation (for Individual)  
VENTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2023**Transaction ID : SA12.1367923**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SELIG, S., STEPHEN, MR., III**Mailing Address 2500 PEACHTREE ROAD NORTHWEST  
APT. 702City  
ATLANTAState  
GAZip Code  
30305-5612FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELIG ENTERPRISES, INC.Occupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2023**Transaction ID : SA12.1367937**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SETHI, RUCHI, , ,**

Mailing Address 19508 GLEN UNA DR.

City  
SARATOGAState  
CAZip Code  
95070-6474FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023**Transaction ID : SA12.1367963**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHUKLA, VENKTESH, , ,**

Mailing Address 22777 SAN JUAN RD

City  
CUPERTINOState  
CAZip Code  
95014-3934FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MONTA VISTA CAPITALOccupation (for Individual)  
PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2023

Transaction ID : SA12.1367955

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SIMSOLY, YOSEF, , ,**

Mailing Address 100 COPLEY DRIVE

City  
BEVERLY HILLSState  
CAZip Code  
90210-3004FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023

Transaction ID : SA12.1367942

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SINGH, MANDEEP, , ,**

Mailing Address 3699 INVERNESS WAY

City  
MARTINEZState  
GAZip Code  
30907-9027FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SIG MANAGEMENTOccupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 04 / 2023

Transaction ID : SA12.1367928

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STARR, ARLENE, , ,**

Mailing Address 102 RUSTLERS BUTTE

City  
SHAVANO PARKState  
TXZip Code  
78231-1420FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 04 / 2023

Transaction ID : SA12.1367893

Amount of Each Receipt this Period

900.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STARR, DAVID, , ,**

Mailing Address 7334 BLANCO ROAD

City  
SAN ANTONIOState  
TXZip Code  
78216-4991FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 04 / 2023

Transaction ID : SA12.1367892

Amount of Each Receipt this Period

900.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STEDMAN, ELIZA, , MRS.,**

Mailing Address 3354 CHEVY CHASE DRIVE

City  
HOUSTONState  
TXZip Code  
77019-3102FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
VOLUNTEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2023

Transaction ID : SA12.1367899

Amount of Each Receipt this Period

1700.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STEDMAN, STUART, , ,**

Mailing Address 1600 WEST LOOP SOUTH

City  
HOUSTONState  
TXZip Code  
77027-3047FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STEDMAN WEST INTERESTS, INC.Occupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2023

Transaction ID : SA12.1367898

Amount of Each Receipt this Period

1700.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STEPHENS, LAURA, W., MS.,**Mailing Address 111 CENTER STREET  
PO BOX 3507City  
LITTLE ROCKState  
ARZip Code  
72203-3507FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STEPHENS INC.Occupation (for Individual)  
SENIOR MARKETING COMMUNICAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA12.1367969

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STERN, ELIZABETH, M., ,**

Mailing Address 20 DORIS DRIVE

City  
SCARSDALEState  
NYZip Code  
10583-2712FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 22 / 2023

Transaction ID : SA12.1367909

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TANENBLATT, ERIC, J., MR.,**Mailing Address 3107 PEACHTREE ROAD, NE  
UNIT 1805City  
ATLANTAState  
GAZip Code  
30305-3375FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
DENTONSOccupation (for Individual)  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023

Transaction ID : SA12.1367959

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VANIER, VANCE, , ,**Mailing Address 980 NORTH MICHIGAN AVENUE  
SUITE 1998City  
CHICAGOState  
ILZip Code  
60611-7504FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CHICAGO PACIFIC FOUNDERSOccupation (for Individual)  
PRIVATE EQUITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2023

Transaction ID : SA12.1367958

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALENTAS, DAVID, , ,**

Mailing Address 1240 MEADOWLANE

City  
SOUTHAMPTONState  
NYZip Code  
11968-5810FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF EMPLOYEDOccupation (for Individual)  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2023

Transaction ID : SA12.1367912

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. INTERIOR MOTIVES MD LLC**

Mailing Address 70 SOUTH ASH STREET

City  
DENVERState  
COZip Code  
80246-1004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	27	/	2023

Transaction ID : SA12.1367922

Amount of Each Receipt this Period

5000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: TEAM STAND FOR AMERICA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

770272.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ASNESS, LAUREL, , MRS. ,

Mailing Address 750 3RD AVE  
FL 11City  
NEW YORKState  
NYZip Code  
10017-2716FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PHILANTHROPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2023

Transaction ID : SA17.1365928

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLAKE, GARY, , MR.,

Mailing Address 4150 INTERNATIONAL PLAZA  
STE 600City  
FORT WORTHState  
TXZip Code  
76109-4831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CREATIVE SOLUTIONSOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2023

Transaction ID : SA17.1367012

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLE, SHEILA, J., ,

Mailing Address 2905 GULF SHORE BOULEVARD NORTH  
UNIT 302City  
NAPLESState  
FLZip Code  
34103-3975FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2023

Transaction ID : SA17.1367257

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1070000.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DASS, KISHORE, K., DR.,

Mailing Address 102 QUAYSIDE DRIVE

City  
JUPITERState  
FLZip Code  
33477-4009FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GENESIS CAREOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2023

Transaction ID : SA17.1366497

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRAPER, TIMOTHY, C., ,

Mailing Address 55 EAST 3RD AVENUE

City  
SAN MATEOState  
CAZip Code  
94401-4010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DRAPER MANAGEMENT COMPANYOccupation (for Individual)  
VENTURE CAPITAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2023

Transaction ID : SA17.1367735

Amount of Each Receipt this Period

1250000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FICOCELLI, KIMBERLY, A., ,

Mailing Address 847 SOUTH NEWPORT AVENUE

City  
TAMPAState  
FLZip Code  
33606-2934FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

221800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2023

Transaction ID : SA17.1367742

Amount of Each Receipt this Period

216800.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1468800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOX, JEFFREY, L., ,

Mailing Address 7733 FORSYTH BLVD  
23RD FL

City  
ST LOUIS

State  
MO

Zip Code  
63105-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 07 / 2023

Transaction ID : SA17.1367717

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARIPALLI, VIVEK, , MR.,

Mailing Address 11 COLTS GAIT LN

City

COLTS NECK

State

NJ

Zip Code

07722-1468

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CLOVER HEALTH

Occupation (for Individual)  
CO-FOUNDER AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2023

Transaction ID : SA17.1367017

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODWIN, MATTHEW, T., ,

Mailing Address 800 EAST CANAL STREET  
STE. 1

City

RICHMOND

State

VA

Zip Code

23219-3959

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CCA INDUSTRIES INC.

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023

Transaction ID : SA17.1367755

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1200000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 88 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GOODWIN, WILLIAM, H., , JR**Mailing Address 800 E CANAL ST  
STE 1900City  
RICHMONDState  
VAZip Code  
23219-3955FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA17.1367750**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRUSS, AUDREY, , ,**

Mailing Address 1574 SO. OCEAN BLVD

City  
PALM BEACHState  
FLZip Code  
33480-5119FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
GRUSS & CO.Occupation (for Individual)  
PHILANTHROPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 09 / 2023**Transaction ID : SA17.1365926**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HUGIN, KATHLEEN, , MRS.,**

Mailing Address 19 ESSEX ROAD

City  
SUMMITState  
NJZip Code  
07901-2801FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 14 / 2023**Transaction ID : SA17.1365929**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 89 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUNT, RAY, , ,**

Mailing Address 1900 N AKARD STREET

City  
DALLASState  
TXZip Code  
75201-2729FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HUNT OILOccupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2023**Transaction ID : SA17.1367024**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KANCHARLA, NANDA, K., ,**

Mailing Address 15283 MORNING STAR LANE

City  
FRISCOState  
TXZip Code  
75035-0837FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2023**Transaction ID : SA17.1367019**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KASSEL, TERRY, , ,**

Mailing Address 320 ISLAND RD

City  
PALM BEACHState  
FLZip Code  
33480-4751FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ELLIOTT INVESTMENT MANAGEMENTOccupation (for Individual)  
STRATEGIC HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA17.1367752**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

352500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KOUM, JAN, , ,**Mailing Address 3561 HOMESTEAD ROAD  
APT. 416City  
SANTA CLARAState  
CAZip Code  
95051-5161FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 16 / 2023**Transaction ID : SA17.1365930**

Amount of Each Receipt this Period

2500000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KOUM, JAN, , ,**Mailing Address 3561 HOMESTEAD ROAD  
APT. 416City  
SANTA CLARAState  
CAZip Code  
95051-5161FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2023**Transaction ID : SA17.1367733**

Amount of Each Receipt this Period

2500000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEAMAN, J., RICHARD, MR., III**

Mailing Address 190 CLAPBOARD RIDGE RD

City  
GREENWICHState  
CTZip Code  
06831-3352FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

55000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023**Transaction ID : SA17.1367740**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5050000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUBETZKY, DANIEL, , MR.,

Mailing Address 3 TIMES SQUARE 12TH FLOOR

City  
NEW YORKState  
NYZip Code  
10036-6564FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KIND LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	2	3		

Transaction ID : SA17.1367727

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUX, DONN, , MR.,

Mailing Address 9725 CONWAY ROAD

City  
ST. LOUISState  
MOZip Code  
63124-1668FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LUX HOLDINGS LLCOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	8			2	0	2	3		

Transaction ID : SA17.1365925

Amount of Each Receipt this Period

165000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANI, DANIEL, , ,

Mailing Address 9200 SUNSET BOULEVARD

City  
WEST HOLLYWOODState  
CAZip Code  
90069-3502FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MANI BROTHERSOccupation (for Individual)  
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	3		

Transaction ID : SA17.1367722

Amount of Each Receipt this Period

45000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

235000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 92 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MANI, SIMON, , MR.,**Mailing Address 9200 SUNSET BOULEVARD  
SUITE 555City  
WEST HOLLYWOODState  
CAZip Code  
90069-3611FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
MANI BROTHERS, LLCOccupation (for Individual)  
CEO & FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2023

**Transaction ID : SA17.1367726**

Amount of Each Receipt this Period

90000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MANTENA, RAMA, R., MR. ,**

Mailing Address 214 BEARS CLUB DR

City  
JUPITERState  
FLZip Code  
33477-4202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INTEGRA CONNECTOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2023

**Transaction ID : SA17.1367018**

Amount of Each Receipt this Period

200000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MANTENA, RAMA, R., MR. ,**

Mailing Address 214 BEARS CLUB DR

City  
JUPITERState  
FLZip Code  
33477-4202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INTEGRA CONNECTOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

505000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

**Transaction ID : SA17.1367758**

Amount of Each Receipt this Period

300000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

590000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, HUGH, L., MR.,

Mailing Address P.O. BOX 30099

City  
WINONAState  
MNZip Code  
55987-1099FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RTP CO.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2023

Transaction ID : SA17.1367013

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, JENNIFER, M., MRS.,

Mailing Address 3841 ARUNDEL AVE.

City  
FORT WORTHState  
TXZip Code  
76109-3543FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RTP CO.Occupation (for Individual)  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2023

Transaction ID : SA17.1367014

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAU, JOHN, L., MR., III

Mailing Address 1119 SAN FELIPE  
STE 1250City  
HOUSTONState  
TXZip Code  
77019-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SILVER EAGLE BEVERAGESOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2023

Transaction ID : SA17.1367719

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

120000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PATEL, CHIRAG, K., ,

Mailing Address 391 MENDHAM ROAD

City  
BERNARDSVILLEState  
NJZip Code  
07924-1205FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AMNEAL PHARMACEUTICALSOccupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2023

Transaction ID : SA17.1366499

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PYLE, DAVID, A., MR.,

Mailing Address P.O. BOX 6079

City  
KETCHUMState  
IDZip Code  
83340-6079FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2023

Transaction ID : SA17.1366173

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PYLE, DAVID, A., MR.,

Mailing Address P.O. BOX 6079

City  
KETCHUMState  
IDZip Code  
83340-6079FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2023

Transaction ID : SA17.1367743

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

220000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REDLICH, CHRISTOPHER, R., MR., JR.

Mailing Address 4760 SHARPSVILLE ROAD

City

MURFREESBORO

State

TN

Zip Code

37130-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	3		

Transaction ID : SA17.1366179

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REDLICH, CHRISTOPHER, R., MR., JR.

Mailing Address 4760 SHARPSVILLE ROAD

City

MURFREESBORO

State

TN

Zip Code

37130-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	2	3		

Transaction ID : SA17.1367730

Amount of Each Receipt this Period

500000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RENNERT, IRA, L., MR. ,

Mailing Address 1 ROCKEFELLER PLZ  
29TH FLOOR

City

NEW YORK

State

NY

Zip Code

10020-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

THE RENCO GROUP

Occupation (for Individual)

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	0			2	0	2	3		

Transaction ID : SA17.1366344

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

1025000.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RENNERT, IRA, L., MR. ,

Mailing Address 1 ROCKEFELLER PLZ  
29TH FLOOR

City  
NEW YORK

State  
NY

Zip Code  
10020-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE RENCO GROUP

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 07 / 2023

Transaction ID : SA17.1367249

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RENNERT, IRA, L., MR. ,

Mailing Address 1 ROCKEFELLER PLZ  
29TH FLOOR

City  
NEW YORK

State  
NY

Zip Code  
10020-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE RENCO GROUP

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2023

Transaction ID : SA17.1367258

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RENNERT, IRA, L., MR. ,

Mailing Address 1 ROCKEFELLER PLZ  
29TH FLOOR

City  
NEW YORK

State  
NY

Zip Code  
10020-2021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE RENCO GROUP

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 08 / 2023

Transaction ID : SA17.1367718

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

75000.00

TOTAL This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ROONEY, PETER, , ,**

Mailing Address 2451 MARINO DRIVE

City  
NEWPORT BEACHState  
CAZip Code  
92663-5649FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SARES-REGIS GROUPOccupation (for Individual)  
CO-PRESIDENT AND MANAGING PA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

103400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA17.1367751**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ROSENBERG, ANDREW, N., ,**

Mailing Address 28 BEECH HILL ROAD

City  
PLEASANTVILLEState  
NYZip Code  
10570-3504FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
PAUL, WEISSOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA17.1367756**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SAUNDERS, CHARLES, E., DR.,**Mailing Address 201 SOUTH NARCISSUS AVENUE  
UNIT 503City  
WEST PALM BEACHState  
FLZip Code  
33401-5692FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2023**Transaction ID : SA17.1366498**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHLOEMER, JAMES, , MR.,

Mailing Address W134N8675 EXECUTIVE PARKWAY

City  
MENOMONEE FALLS

State  
WI

Zip Code  
53051-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONTINENTAL PROPERTIES COMPANY, INC.

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2023

Transaction ID : SA17.1366181

Amount of Each Receipt this Period

77000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWARTZWALD, KEITH, , MR.,

Mailing Address 5145 WEEKS ROAD

City  
EXCELSIOR

State  
MN

Zip Code  
55331-8641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2023

Transaction ID : SA17.1365927

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEFFIELD, BRYAN, , MR.,

Mailing Address 300 COLORADO STREET  
SUITE 1900

City  
AUSTIN

State  
TX

Zip Code  
78701-0142

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FORMENTERA PARTNERS

Occupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2023

Transaction ID : SA17.1366172

Amount of Each Receipt this Period

150000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

477000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHEFFIELD, BRYAN, , MR.,**Mailing Address 300 COLORADO STREET  
SUITE 1900City  
AUSTINState  
TXZip Code  
78701-0142FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
FORMENTERA PARTNERSOccupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2023**Transaction ID : SA17.1367734**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SILL, IGOR, , ,**

Mailing Address P.O. BOX 123

City

GLENBROOK

State

NV

Zip Code

89413-0123

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SILL FAMILY VINEYARDSOccupation (for Individual)  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023**Transaction ID : SA17.1367739**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SIMON, RONALD, M., ,**

Mailing Address 620 NEWPORT CENTER DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-6420

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RSI EQUITY PARTNERSOccupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2023**Transaction ID : SA17.1367723**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1105000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STAR, ELIZABETH, A., ,**Mailing Address 400 5TH AVENUE SOUTH  
#201City  
NAPLESState  
FLZip Code  
34102-6550FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 13 / 2023**Transaction ID : SA17.1367720**

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. STEPHENS, WARREN, , MR.,**

Mailing Address 111 CENTER ST

City  
LITTLE ROCKState  
ARZip Code  
72201-4402FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
STEPHENS INC.Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA17.1367749**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STERN, ALLISON, MAHER, MS.,**

Mailing Address 667 MADISON AVENUE

City  
NEW YORKState  
NYZip Code  
10065-8029FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

42500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2023**Transaction ID : SA17.1366361**

Amount of Each Receipt this Period

37500.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

82500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STERN, ELIZABETH, M., ,

Mailing Address 20 DORIS DRIVE

City  
SCARSDALEState  
NYZip Code  
10583-2712FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2023

Transaction ID : SA17.1367741

Amount of Each Receipt this Period

225000.00

☐ Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STERN, LEONARD, N., MR.,

Mailing Address 667 MADISON AVENUE

City  
NEW YORKState  
NYZip Code  
10065-8029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE HARTZ GROUP INC.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

142500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2023

Transaction ID : SA17.1366363

Amount of Each Receipt this Period

37500.00

☐ Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STERN, LEONARD, N., MR.,

Mailing Address 667 MADISON AVENUE

City  
NEW YORKState  
NYZip Code  
10065-8029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE HARTZ GROUP INC.Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

142500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2023

Transaction ID : SA17.1367729

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
 CONTRIBUTION

NON CONTRIBUTION ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

362500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. STULL, STEVEN, , MR.,**

Mailing Address 1 BEACH CLUB DRIVE

City  
STATELINEState  
NVZip Code  
89449-1003FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ADVANTAGE CAPITALOccupation (for Individual)  
PRESIDENT, FOUNDER AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1004800.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
06 / 21 / 2023**Transaction ID : SA17.1367732**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TOLAN, MARY, , ,**

Mailing Address 8325 WEST 131ST STREET

City  
PALOS PARKState  
ILZip Code  
60464-2119FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CHICAGO PACIFIC PARTNEROccupation (for Individual)  
FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255000.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
06 / 21 / 2023**Transaction ID : SA17.1367731**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VERSTANDIG, GRANT, L., MR.,**

Mailing Address 1191 CREST LANE

City  
MCLEANState  
VAZip Code  
22101-1805FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RALLY HEALTH INCOccupation (for Individual)  
CO-FOUNDER & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA17.1367757**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ZWEIGENHAFT, BURT, , ,**

Mailing Address 925 WESTCHESTER AVE  
STE 105

City  
WHITE PLAINS

State  
NY

Zip Code  
10604-3562

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

ASSOCIATION VALUE BASED CANCER CARE

Occupation (for Individual)

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**04** / **11** / **2023**

**Transaction ID : SA17.1367251**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRECKENRIDGE CONSTRUCTION INC.**

Mailing Address P.O. BOX 681027

City

HOUSTON

State

TX

Zip Code

77268-1027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

**03** / **30** / **2023**

**Transaction ID : SA17.1367025**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. C.V. STAR & COMPANY, INC.**

Mailing Address 399 PARK AVENUE  
FL 8

City

NEW YORK

State

NY

Zip Code

10022-4877

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

**04** / **12** / **2023**

**Transaction ID : SA17.1367250**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 180

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DFW LAND LLC**

Mailing Address 826 MANGO COURT

City  
COPPELLState  
TXZip Code  
75019-4764FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2023**Transaction ID : SA17.1366178**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GRYPHON PARTNERS, INC.**

Mailing Address P.O. BOX 331871

City  
MIAMIState  
FLZip Code  
33233-1871FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 18 / 2023**Transaction ID : SA17.1367252**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HAULOVER CREEK DEVELOPMENT COMPANY, LLC**Mailing Address 800 EAST CANAL STREET  
STE. 1900City  
RICHMONDState  
VAZip Code  
23219-3955FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2023**Transaction ID : SA17.1366180**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

261000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 OF 180

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. PARTRIDGE INVESTMENTS LLC**

Mailing Address 10 STERLING BOULEVARD  
FL 3

City  
ENGLEWOOD

State  
NJ

Zip Code  
07631-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2023

**Transaction ID : SA17.1367259**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. PARTRIDGE INVESTMENTS LLC**

Mailing Address 10 STERLING BOULEVARD  
FL 3

City  
ENGLEWOOD

State  
NJ

Zip Code  
07631-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 13 / 2023

**Transaction ID : SA17.1367721**

Amount of Each Receipt this Period

250000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. PRIMUS GLOBAL SERVICES INC.**

Mailing Address 1431 GREENWAY DRIVE  
STE. 750

City  
IRVING

State  
TX

Zip Code  
75038-2492

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2023

**Transaction ID : SA17.1366345**

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 106 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SARAH G AUGUST, LLC**Mailing Address 800 EAST CANAL STREET  
STE 1900City  
RICHMONDState  
VAZip Code  
23219-3955FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2023

**Transaction ID : SA17.1367754**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SELIG ENTERPRISES, INC.**Mailing Address 1100 SPRING STREET NORTHWEST  
STE. 550City  
ATLANTAState  
GAZip Code  
30309-2857FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		27		2023

**Transaction ID : SA17.1367736**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. THE RIVERSTONE GROUP LLC**Mailing Address 800 EAST CANAL STREET  
STE. 1900City  
RICHMONDState  
VAZip Code  
23219-3955FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2023

**Transaction ID : SA17.1367753**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 107 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. USG, INC.**

Mailing Address 6000 VENTURE DRIVE

City  
DUBLINState  
OHZip Code  
43017-2278FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2023**Transaction ID : SA17.1366480**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VENTURE CAPTIVE MANAGEMENT, LLC**Mailing Address 3740 DAVINCI COURT  
STE. 130City  
NORCROSSState  
GAZip Code  
30092-7634FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2023**Transaction ID : SA17.1367016**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LOCKE LORD LLP PAC**Mailing Address 600 TRAVIS STREET  
SUITE 2800City  
HOUSTONState  
TXZip Code  
77002-2914FEC ID number of contributing  
federal political committee.

C C00117861

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2023**Transaction ID : SA17.1367728**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 180

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc****A. NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City  
ALEXANDRIAState  
VAZip Code  
22314-5404FEC ID number of contributing  
federal political committee.**C**

C00434233

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2023**Transaction ID : SA17.1367015**

Amount of Each Receipt this Period

6600.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**B. STAND FOR AMERICA PAC**Mailing Address 601 NEW JERSEY AVENUE NW  
SUITE 620City  
WASHINGTONState  
DCZip Code  
20001-3051FEC ID number of contributing  
federal political committee.**C**

C00765982

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2023**Transaction ID : SA17.1367760**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2023**Transaction ID : SA17.1365931**

Amount of Each Receipt this Period

66800.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►

1006600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KENDRICK, RANDY, , ,**

Mailing Address 3964 EAST PARADISE VIEW DRIVE

City  
PARADISE VALLEY

State  
AZ

Zip Code  
85253-3800

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
DIAMONDBACKS BASEBALL

Occupation (for Individual)  
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

71800.00

Date of Receipt

**02** / **17** / **2023**

**Transaction ID : SA17.1365932**

Amount of Each Receipt this Period

66800.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

**03** / **02** / **2023**

**Transaction ID : SA17.1366174**

Amount of Each Receipt this Period

1000.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MARKS, STANLEY, , DR.,**

Mailing Address 28 WOODLAND RD

City  
PITTSBURGH

State  
PA

Zip Code  
15232-2814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
UPMC

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **02** / **2023**

**Transaction ID : SA17.1366175**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

67800.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 180

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2023

**Transaction ID : SA17.1366176**

Amount of Each Receipt this Period

26800.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LOQUERCIO, ROBERT, , MR.,**

Mailing Address 1600 W LAKE ST

City  
STREAMWOODState  
ILZip Code  
60107-4104FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2023

**Transaction ID : SA17.1366177**

Amount of Each Receipt this Period

26800.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2023

**Transaction ID : SA17.1366336**

Amount of Each Receipt this Period

26000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►

26800.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 111 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DAWSON, EUGENE, , , JR.**

Mailing Address 10 TILBURY LANE

City  
SAN ANTONIOState  
TXZip Code  
78230-5639FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PAPE DAWSON ENGINEERSOccupation (for Individual)  
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2023

Transaction ID : SA17.1366337

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHMIDT, PATRICK, , ,**

Mailing Address 44000 WINCHESTER ROAD

City  
TEMECULAState  
CAZip Code  
92590-2578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FFF ENTERPRISES, INC.Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2023

Transaction ID : SA17.1366338

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2023

Transaction ID : SA17.1366339

Amount of Each Receipt this Period

1000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ▶

26000.00

TOTAL This Period (last page this line number only)..... ▶



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MARKS, JOSHUA, , ,**

Mailing Address 13604 DUMONT RD

City  
PALM BEACH GARDENSState  
FLZip Code  
33418-6195FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INTEGRA CONNECT, LLCOccupation (for Individual)  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2023

Transaction ID : SA17.1366340

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2023

Transaction ID : SA17.1366349

Amount of Each Receipt this Period

10000.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SAHNI, RAKESH, , ,**

Mailing Address 9916 BENTCROSS DRIVE

City  
POTOMACState  
MDZip Code  
20854-4740FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARYLAND CARDIOLOGY ASSOCIATESOccupation (for Individual)  
CARDIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2023

Transaction ID : SA17.1366350

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 113 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2023**Transaction ID : SA17.1366351**

Amount of Each Receipt this Period

22000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BANSAL, RAJENDRA, , ,**

Mailing Address 605 S BEACH RD

City  
TEQUESTAState  
FLZip Code  
33469-2848FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2023**Transaction ID : SA17.1366352**

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KANDUKURI, GOPI, , ,**

Mailing Address 1320 GREENWAY DR , STE 660

City  
IRVINGState  
TXZip Code  
75038-2612FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SAXON GLOBAL INCOccupation (for Individual)  
SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2023**Transaction ID : SA17.1366354**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional)..... ►

12000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 180

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NAGILLA, SATEESH, , ,**

Mailing Address 5989 LOUIS LANE

City  
FRISCOState  
TXZip Code  
75035-0638FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAMITUS TECHNOLOGIES INCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2023

Transaction ID : SA17.1366353

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA17.1366355

Amount of Each Receipt this Period

9500.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DAY, CHRISTOPHER, , ,**

Mailing Address 8019 WICKLOW HALL DRIVE

City  
MATTHEWSState  
NCZip Code  
28104-8067FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANTHEMOccupation (for Individual)  
MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA17.1366360

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 115 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LAL, KUNAL, , ,**

Mailing Address 400 SUNNY ISLES BOULEVARD

City  
SUNNY ISLES BEACHState  
FLZip Code  
33160-5080FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HCAOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA17.1366357

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MUNSHI, AMIT, , ,**

Mailing Address 7518 N. SAGE MEADOW ROAD

City  
PARK CITYState  
UTZip Code  
84098-4941FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA17.1366359

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SINGH, ROSIE, , DR.,**

Mailing Address 2415 MUSGROVE ROAD

City  
SILVER SPRINGState  
MDZip Code  
20904-5202FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2023

Transaction ID : SA17.1366358

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TREHAN, RAM, , ,**

Mailing Address 9447 NEWBRIDGE DRIVE

City  
POTOMACState  
MDZip Code  
20854-4460FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
AONOccupation (for Individual)  
ONCOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 13 / 2023**Transaction ID : SA17.1366356**

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2023**Transaction ID : SA17.1366468**

Amount of Each Receipt this Period

21000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOSWAMI, ALPANA, , ,**

Mailing Address 10623 ALLOWAY DRIVE

City  
POTOMACState  
MDZip Code  
20854-1664FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2023**Transaction ID : SA17.1366469**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KARLA, NAGASESHU, , ,**Mailing Address 5005 WEST ROYAL LANE  
#253City  
IRVINGState  
TXZip Code  
75063-1961FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
INFO KEYS INCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2023**Transaction ID : SA17.1366472**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SARIN, ARUN, , ,**

Mailing Address 111 W BEARS CLUB DRIVE

City

JUPITER

State

FL

Zip Code

33477-4213

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2023**Transaction ID : SA17.1366471**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHMIDT, GRETA, , ,**

Mailing Address 44000 WINCHESTER ROAD

City

TEMECULA

State

CA

Zip Code

92590-2578

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2023**Transaction ID : SA17.1366470**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 118 OF 180

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

**03** / **15** / **2023**

**Transaction ID : SA17.1366473**

Amount of Each Receipt this Period

57500.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. ANGRA, SATISH, , ,**

Mailing Address 10801 LOCKWOOD DRIVE  
SUITE 280

City  
SILVER SPRING

State  
MD

Zip Code  
20901-1556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
SELF-EMPLOYED

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **15** / **2023**

**Transaction ID : SA17.1366474**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. GEHANI, SONIL, , ,**

Mailing Address 520 WEST ERIE STREET

City  
CHICAGO

State  
IL

Zip Code  
60654-7171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
TRILOGY REAL ESTATE GROUP

Occupation (for Individual)  
REAL ESTATE INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**03** / **15** / **2023**

**Transaction ID : SA17.1366478**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OWEN, RANDEL, GLENN, MR. ,

Mailing Address 9268 S. PERRY PARK ROAD

City  
LARKSPURState  
COZip Code  
80118-7801FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2023

Transaction ID : SA17.1366475

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PENNAM, SUDHAKAR, , ,

Mailing Address 1400 CORPORATE DR  
SUITE 140City  
IRVINGState  
TXZip Code  
75038-2954FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KAİROS TECHNOLOGIES INCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2023

Transaction ID : SA17.1366477

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSEN, KRISTIN, , ,

Mailing Address 55 SPOONBILL RD

City  
LAKE WORTHState  
FLZip Code  
33462-4752FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2023

Transaction ID : SA17.1366476

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION
NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

46500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 180  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

**03 / 16 / 2023**

**Transaction ID : SA17.1366481**

Amount of Each Receipt this Period

17500.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GUPTA, JYOTSNA, , DR.,**

Mailing Address 7717 CARLTON PLACE

City  
MCLEAN

State  
VA

Zip Code  
22102-2152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
MCLEAN MEDICAL CENTER

Occupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03 / 16 / 2023**

**Transaction ID : SA17.1366482**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. KIRSH, GARY, , DR.,**

Mailing Address 2429 RIVERSIDE DRIVE

City  
CINCINNATI

State  
OH

Zip Code  
45202-1813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
THE UROLOGY GROUP

Occupation (for Individual)  
PHYSICIAN EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03 / 16 / 2023**

**Transaction ID : SA17.1366484**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PABLA, HARVINDER, , DR.,

Mailing Address 9210 INGLEWOOD DRIVE

City  
POTOMACState  
MDZip Code  
20854-4600FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2023

Transaction ID : SA17.1366483

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOLIMINE, DAVID, , ,

Mailing Address 354 EISENHOWER PARKWAY

City  
LIVINGSTONState  
NJZip Code  
07039-1022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KORE INSURANCE HOLDINGS, LLCOccupation (for Individual)  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2023

Transaction ID : SA17.1366485

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2023

Transaction ID : SA17.1366486

Amount of Each Receipt this Period

69500.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶

7500.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ASNANI, PRADEEP, , ,**

Mailing Address 7645 RED RIVER ROAD

City  
WEST PALM BEACH

State  
FL

Zip Code  
33411-5812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
CORNERSTONE SOLUTIONS

Occupation (for Individual)  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **17** / **2023**

**Transaction ID : SA17.1366494**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BHOGARAJU, ANANTH, , ,**

Mailing Address 19866 COCONUT HARBOR CIRCLE

City  
FORT MYERS

State  
FL

Zip Code  
33908-5099

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
SEVEN HILLS HEALTHCARE ADVISORS LLC

Occupation (for Individual)  
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

**03** / **17** / **2023**

**Transaction ID : SA17.1366491**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CIARFELLA, MARK, , ,**

Mailing Address 228 COLONY DRIVE

City  
JUPITER INLET COLO

State  
FL

Zip Code  
33469-3510

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
SBA COMMUNICATIONS

Occupation (for Individual)  
EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **17** / **2023**

**Transaction ID : SA17.1366490**

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

28500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GARNER, ROBERT, , ,**

Mailing Address 157 PALOMA DRIVE

City  
MIAMIState  
FLZip Code  
33143-6546FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2023**Transaction ID : SA17.1366489**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PEREZ, MARIELEE, , ,**

Mailing Address 7737 ATLANTIC WAY

City

MIAMI BEACH

State

FL

Zip Code

33141-2119

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2023**Transaction ID : SA17.1366492**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SCHAEGLER, JOEL, , ,**

Mailing Address 6349 SPANISH OAKS CLUB BLVD

City

AUSTIN

State

TX

Zip Code

78738-6040

FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CORNERSTONE SPECIALTY NETWORKOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2023**Transaction ID : SA17.1366493**

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 180

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCOTT, JEFFREY, , ,**

Mailing Address 8005 SE HIDDEN BRIDGE CT

City  
JUPITER

State  
FL

Zip Code  
33458-1057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
INTEGRA CONNECT

Occupation (for Individual)  
CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **17** / **2023**

**Transaction ID : SA17.1366487**

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHAH, PRITESH, , ,**

Mailing Address 17591 CADENA DR

City  
BOCA RATON

State  
FL

Zip Code  
33496-1067

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
NOVOCURE

Occupation (for Individual)  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **17** / **2023**

**Transaction ID : SA17.1366488**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

**03** / **19** / **2023**

**Transaction ID : SA17.1366495**

Amount of Each Receipt this Period

10000.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 OF 180

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MILLER, ERIN, , ,**

Mailing Address 7207 MIAMI HILLS DRIVE

City  
CINCINNATI

State  
OH

Zip Code  
45243-1809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
SPECTRUM

Occupation (for Individual)  
SALES AND MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

**03** / **19** / **2023**

**Transaction ID : SA17.1366496**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

**03** / **20** / **2023**

**Transaction ID : SA17.1366500**

Amount of Each Receipt this Period

100000.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MANTENA, RAJU, , MR.,**

Mailing Address 12326 PARK AVENUE

City  
WINDERMERE

State  
FL

Zip Code  
34786-7701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
INGENUS PHARMACEUTICALS

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

**03** / **20** / **2023**

**Transaction ID : SA17.1366501**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 126 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2023**Transaction ID : SA17.1367020**

Amount of Each Receipt this Period

25000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. TRIPURANENI, KRISHNA, , ,**

Mailing Address 4600 NORTH OCEAN DR.

City  
SINGER ISLANDState  
FLZip Code  
33404-2679FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2023**Transaction ID : SA17.1367021**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2023**Transaction ID : SA17.1367022**

Amount of Each Receipt this Period

7000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►

25000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SEHGAL, RAJESH, , ,**Mailing Address 940 W CANTON AVENUE  
A102City  
WINTER PARKState  
FLZip Code  
32789-3076FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ADVENTOccupation (for Individual)  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2023**Transaction ID : SA17.1367023**

Amount of Each Receipt this Period

7000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2023**Transaction ID : SA17.1367026**

Amount of Each Receipt this Period

10000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. TOLETI, CHAKRAVARTHY, , ,**

Mailing Address 5109 LATROBE DRIVE

City  
WINDERMEREState  
FLZip Code  
34786-8916FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
CARE.AIOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2023**Transaction ID : SA17.1367027**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 128 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2023**Transaction ID : SA17.1367028**

Amount of Each Receipt this Period

10000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VALIVETI, BRAHMAJI, , ,**

Mailing Address 203 BENNINGTON TERRACE

City  
PARAMUSState  
NJZip Code  
07652-1335FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2023**Transaction ID : SA17.1367029**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C**

C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2023**Transaction ID : SA17.1367030**

Amount of Each Receipt this Period

5000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ►

10000.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 129 OF 180  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TOLETI, RAJESH, , ,**

Mailing Address 6043 GREATWATER DR.

City  
WINDERMEREState  
FLZip Code  
34786-5600FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2023

Transaction ID : SA17.1367031

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2023

Transaction ID : SA17.1367254

Amount of Each Receipt this Period

100000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MCKINLEY ASSOCIATES INC.**Mailing Address 320 N MAIN ST  
SUITE 200City  
ANN ARBORState  
MIZip Code  
48104-1127FEC ID number of contributing  
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 25 / 2023

Transaction ID : SA17.1367255

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2023

Transaction ID : SA17.1367260

Amount of Each Receipt this Period

10000.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LOQUERCIO, ROBERT, , MR.,**

Mailing Address 1600 W LAKE ST

City  
STREAMWOODState  
ILZip Code  
60107-4104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
AUTO DEALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2023

Transaction ID : SA17.1367261

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2023

Transaction ID : SA17.1367724

Amount of Each Receipt this Period

100000.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 180

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BADZIN, ELLIOTT, , MR.,**

Mailing Address 1380 CORPORATE CENTER CURVE

City  
EAGANState  
MNZip Code  
55121-1200FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
ELLIOTT AUTO SUPPLY CO., INC.Occupation (for Individual)  
CEO & PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2023**Transaction ID : SA17.1367725**

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023**Transaction ID : SA17.1367737**

Amount of Each Receipt this Period

25000.00

☒ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DAWSON, EUGENE, , , JR.**

Mailing Address 10 TILBURY LANE

City  
SAN ANTONIOState  
TXZip Code  
78230-5639FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
PAPE DAWSON ENGINEERSOccupation (for Individual)  
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2023**Transaction ID : SA17.1367738**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTIONNON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**SUBTOTAL** of Receipts This Page (optional)..... ►

125000.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 180

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WINRED**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2023

Transaction ID : SA17.1367744

Amount of Each Receipt this Period

70000.00

☒ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; SEE ATTRIBUTION  
BELOW FOR ALL DONORS ABOVE ITEMIZATION  
THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KANTOR, LISA, , MRS.,**

Mailing Address 1 WINDCREST ROAD

City  
RYEState  
NYZip Code  
10580-1625FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2023

Transaction ID : SA17.1367748

Amount of Each Receipt this Period

15000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PHILLIPS, MEGAN, , MRS.,**

Mailing Address 10 LIMEHOUSE STREET

City  
CHARLESTONState  
SCZip Code  
29401-2306FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOMEMAKEROccupation (for Individual)  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2023

Transaction ID : SA17.1367745

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
CONTRIBUTION

NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 180  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**SFA Fund, Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. RANDOLPH, AUDREY, , ,**

Mailing Address **6 LEGARE STREET**

City  
**CHARLESTON**

State  
**SC**

Zip Code  
**29401-2336**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**NIKKI HALEY FOR PRESIDENT**

Occupation (for Individual)  
**OPERATIONS**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**30000.00**

Date of Receipt

**06 / 30 / 2023**

**Transaction ID : SA17.1367746**

Amount of Each Receipt this Period

**25000.00**

☐ Memo Item  
CONTRIBUTION

**NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SABELHAUS, MELANIE, R., ,**

Mailing Address **2777 GULF SHORE BOULEVARD NORTH**

City  
**NAPLES**

State  
**FL**

Zip Code  
**34103-4386**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**RETIRED**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**06 / 30 / 2023**

**Transaction ID : SA17.1367747**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item  
CONTRIBUTION

**NON CONTRIBUTION ACCOUNT; EARMARKED  
FROM WINRED**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**30000.00**

**17926500.00**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. ASHBY LAW PC**

Mailing Address 625 NORTH WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LEGAL CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7355

Amount of Each Disbursement this Period

6937.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ASHBY LAW PC**

Mailing Address 625 NORTH WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LEGAL CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024 

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

PRIMARY

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7376

Amount of Each Disbursement this Period

21875.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ASHBY LAW PC**

Mailing Address 625 NORTH WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LEGAL CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024 

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

PRIMARY

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7411

Amount of Each Disbursement this Period

14268.75

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

43081.25

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. ASHBY LAW PC**

Mailing Address 625 NORTH WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LEGAL CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7432

Amount of Each Disbursement this Period

6642.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BHNM LLC**

Mailing Address 2936 LANDOVER STREET

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
COMPLIANCE CONSULTING/TRAVEL

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7354

Amount of Each Disbursement this Period

9118.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BHNM LLC**

Mailing Address 2936 LANDOVER STREET

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
COMPLIANCE CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7404

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

23261.28



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. BHNM LLC**

Mailing Address 2936 LANDOVER STREET

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
COMPLIANCE CONSULTING/SHIPPING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7424

Amount of Each Disbursement this Period

7577.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BHNM LLC**

Mailing Address 2936 LANDOVER STREET

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
COMPLIANCE CONSULTING/ SHIPPING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024 

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

PRIMARY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7466

Amount of Each Disbursement this Period

7520.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BK STRATEGIES**Mailing Address 320 23RD STREET SOUTH  
#1003City  
ARLINGTONState  
VAZip Code  
22202Purpose of Disbursement  
SURVEY RESEARCH

005

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024 

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

PRIMARY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7384

Amount of Each Disbursement this Period

63800.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

78898.41

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. BK STRATEGIES**Mailing Address 320 23RD STREET SOUTH  
#1003City  
ARLINGTONState  
VAZip Code  
22202Purpose of Disbursement  
SURVEY RESEARCH

005

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

PRIMARY

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 16 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I7447

Amount of Each Disbursement this Period

95329.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOYER CONSULTING GROUP**Mailing Address 1424 HUDSON STREET  
APT 4HCity  
HOBOKENState  
NJZip Code  
07030Purpose of Disbursement  
FINANCE CONSULTING

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 07 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I7360

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOYER CONSULTING GROUP**Mailing Address 1424 HUDSON STREET  
APT 4HCity  
HOBOKENState  
NJZip Code  
07030Purpose of Disbursement  
FINANCE CONSULTING

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

PRIMARY

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 30 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I7399

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

107329.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. BOYER CONSULTING GROUP**Mailing Address 1424 HUDSON STREET  
APT 4HCity  
HOBOKENState  
NJZip Code  
07030Purpose of Disbursement  
FINANCE CONSULTING

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

PRIMARY

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 02 / 2023

FEC Identification Number

C Transaction ID : SB21B.I7428

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BOYER CONSULTING GROUP**Mailing Address 1424 HUDSON STREET  
APT 4HCity  
HOBOKENState  
NJZip Code  
07030Purpose of Disbursement  
FINANCE CONSULTING

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

PRIMARY

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
05 / 31 / 2023

FEC Identification Number

C Transaction ID : SB21B.I7463

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CANTO, INC.**Mailing Address 625 MARKET STREET  
#600City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
SUBSCRIPTION

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
03 / 17 / 2023

FEC Identification Number

C Transaction ID : SB21B.I7388

Amount of Each Disbursement this Period

1166.66

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13166.66

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. CANTO, INC.**Mailing Address 625 MARKET STREET  
#600City  
SAN FRANCISCOState  
CAZip Code  
94105Purpose of Disbursement  
SUBSCRIPTION

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	9			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7417

Amount of Each Disbursement this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7341

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7348

Amount of Each Disbursement this Period

2.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

6027.50

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7357

Amount of Each Disbursement this Period

2.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7370

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7381

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

52.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7408

Amount of Each Disbursement this Period

2.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	8		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7420

Amount of Each Disbursement this Period

2.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

PRIMARY

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2		2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7434

Amount of Each Disbursement this Period

2.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7448

Amount of Each Disbursement this Period

2.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7454

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7459

Amount of Each Disbursement this Period

12.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

39.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2023

Mailing Address 4201 WILSON BLVD  
3RD FLOORCity  
ARLINGTONState  
VAZip Code  
22203Purpose of Disbursement  
SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I7446

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DEEP ROOT ANALYTICS, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2023

Mailing Address 3100 CLARENDON BOULEVARD

City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
MEDIA TRACKING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I7382

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DEEP ROOT ANALYTICS, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2023

Mailing Address 3100 CLARENDON BOULEVARD

City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
MEDIA TRACKING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I7383

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

9000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. DEEP ROOT ANALYTICS, LLC**

Mailing Address 3100 CLARENDON BOULEVARD

City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
MEDIA TRACKING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7416

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DEEP ROOT ANALYTICS, LLC**

Mailing Address 3100 CLARENDON BOULEVARD

City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
MEDIA TRACKING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7458

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DESERT HEARTLAND LLC**

Mailing Address 9 TAPADERO LANE

City  
LAS VEGASState  
NVZip Code  
89135Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7387

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. DESERT HEARTLAND LLC**

Mailing Address 9 TAPADERO LANE

City  
LAS VEGASState  
NVZip Code  
89135Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7412

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DESERT HEARTLAND LLC**

Mailing Address 9 TAPADERO LANE

City  
LAS VEGASState  
NVZip Code  
89135Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7445

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DESERT HEARTLAND LLC**

Mailing Address 9 TAPADERO LANE

City  
LAS VEGASState  
NVZip Code  
89135Purpose of Disbursement  
FUNDRAISING CONSULTING

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7472

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. FIVE SEASONS MEDIA**

Mailing Address 5118 BROADLAWN DRIVE SOUTHEAST

City  
CEDAR RAPIDSState  
IAZip Code  
52403Purpose of Disbursement  
VIDEO PRODUCTION

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7465

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7353

Amount of Each Disbursement this Period

45.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7395

Amount of Each Disbursement this Period

45.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2090.62

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	4			2	0	3			

FEC Identification Number

C

Transaction ID : SB21B.I7422

Amount of Each Disbursement this Period

45.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	3			2	0	3			

FEC Identification Number

C

Transaction ID : SB21B.I7460

Amount of Each Disbursement this Period

90.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	3			

FEC Identification Number

C

Transaction ID : SB21B.I7476

Amount of Each Disbursement this Period

90.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

226.53

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. K2 & CO.**

Mailing Address 1117 MACEY WAY

City  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
COMMUNICATIONS CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	3		

FEC Identification Number

C Transaction ID : SB21B.I7386

Amount of Each Disbursement this Period

3946.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. K2 & CO.**

Mailing Address 1117 MACEY WAY

City  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
COMMUNICATIONS CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	2	3		

FEC Identification Number

C Transaction ID : SB21B.I7402

Amount of Each Disbursement this Period

6395.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. K2 & CO.**

Mailing Address 1117 MACEY WAY

City  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
COMMUNICATIONS CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	2	3		

FEC Identification Number

C Transaction ID : SB21B.I7440

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

14341.78

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. K2 & CO.**

Mailing Address 1117 MACEY WAY

City  
STILLWATERState  
MNZip Code  
55082Purpose of Disbursement  
COMMUNICATIONS CONSULTING

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7464

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KEY STRATEGIC CONSULTING, LLC**Mailing Address 1104 WEST BROAD STREET  
STE. 1083City  
FALLS CHURCHState  
VAZip Code  
22046Purpose of Disbursement  
DIGITAL FUNDRAISING CONSULTING AND FUNDRAISING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7401

Amount of Each Disbursement this Period

34273.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. KEY STRATEGIC CONSULTING, LLC**Mailing Address 1104 WEST BROAD STREET  
STE. 1083City  
FALLS CHURCHState  
VAZip Code  
22046Purpose of Disbursement  
DIGITAL FUNDRAISING CONSULTING/ FUNDRAISING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7415

Amount of Each Disbursement this Period

25540.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

63813.88

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. KEY STRATEGIC CONSULTING, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	6			2	0	2	3		

Mailing Address 1104 WEST BROAD STREET  
STE. 1083City  
FALLS CHURCHState  
VAZip Code  
22046Purpose of Disbursement  
DIGITAL FUNDRAISING CONSULTING

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

PRIMARY

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7449

Amount of Each Disbursement this Period

25265.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MKJ, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	2	3		

Mailing Address 5422 ALBIA ROAD

City  
BETHESDAState  
MDZip Code  
20816Purpose of Disbursement  
FINANCE CONSULTING

003

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7359

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MKJ, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	4			2	0	2	3		

Mailing Address 5422 ALBIA ROAD

City  
BETHESDAState  
MDZip Code  
20816Purpose of Disbursement  
FINANCE CONSULTING

003

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

PRIMARY

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7405

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

40265.69

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. MKJ, INC.**

Mailing Address 5422 ALBIA ROAD

City  
BETHESDAState  
MDZip Code  
20816Purpose of Disbursement  
FINANCE CONSULTING

003

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	2			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7429

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MKJ, INC.**

Mailing Address 5422 ALBIA ROAD

City  
BETHESDAState  
MDZip Code  
20816Purpose of Disbursement  
FINANCE CONSULTING

003

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7471

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
RESEARCH PUBLICATIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7339

Amount of Each Disbursement this Period

21750.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

41750.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 152 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
SUBSCRIPTIONS/TRAVEL

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7340

Amount of Each Disbursement this Period

3702.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7356

Amount of Each Disbursement this Period

23000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
TRAVEL/VIDEO PRODUCTION

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7361

Amount of Each Disbursement this Period

20865.32

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

47567.83

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 153 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
RESEARCH PUBLICATIONS

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7363

Amount of Each Disbursement this Period

21750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
SUBSCRIPTIONS / WEBSITE HOSTING

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7365

Amount of Each Disbursement this Period

463.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
RESEARCH PUBLICATIONS

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7396

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32213.05

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 154 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
SUBSCRIPTIONS/TRAVEL

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7							

FEC Identification Number

C

Transaction ID : SB21B.I7397

Amount of Each Disbursement this Period

7192.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9							

FEC Identification Number

C

Transaction ID : SB21B.I7398

Amount of Each Disbursement this Period

23000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
RESEARCH PUBLICATIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6							

FEC Identification Number

C

Transaction ID : SB21B.I7410

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

40192.62

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
TRAVEL/SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	3			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7413

Amount of Each Disbursement this Period

14791.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
RESEARCH PUBLICATIONS

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	8			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7414

Amount of Each Disbursement this Period

21750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
TRAVEL/PRODUCTION

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	2	3	

FEC Identification Number

C

Transaction ID : SB21B.I7421

Amount of Each Disbursement this Period

5904.28

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

42445.49

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1							2023

FEC Identification Number

C

Transaction ID : SB21B.I7426

Amount of Each Disbursement this Period

23000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
RESEARCH PUBLICATIONS

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1							2023

FEC Identification Number

C

Transaction ID : SB21B.I7427

Amount of Each Disbursement this Period

21750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
TRAVEL AND SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1							2023

FEC Identification Number

C

Transaction ID : SB21B.I7462

Amount of Each Disbursement this Period

10791.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55541.92

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 157 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7467

Amount of Each Disbursement this Period

23000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHIRE STRATEGIES LLC**

Mailing Address 4885 MCKNIGHT ROAD

City  
PITTSBURGHState  
PAZip Code  
15237Purpose of Disbursement  
TRAVEL EXPENSES / SUBSCRIPTIONS

001

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7473

Amount of Each Disbursement this Period

12391.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SOMETHING ELSE STRATEGIES, LLC**

Mailing Address 212 GOLDEN WILLOW COURT

City  
EASLEYState  
SCZip Code  
29642Purpose of Disbursement  
MEDIA PRODUCTION

004

Category/  
Type

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024 

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

PRIMARY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7380

Amount of Each Disbursement this Period

6187.92

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

41579.31

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 158 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. SOMETHING ELSE STRATEGIES, LLC**

Mailing Address 212 GOLDEN WILLOW COURT

City  
EASLEYState  
SCZip Code  
29642Purpose of Disbursement  
MEDIA PRODUCTION

004

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

PRIMARY

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7441

Amount of Each Disbursement this Period

16349.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7352

Amount of Each Disbursement this Period

2137.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.I7362

Amount of Each Disbursement this Period

32.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

18519.54

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7366

Amount of Each Disbursement this Period

857.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7368

Amount of Each Disbursement this Period

832.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7373

Amount of Each Disbursement this Period

672.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2361.60

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 160 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I7377

Amount of Each Disbursement this Period

608.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I7378

Amount of Each Disbursement this Period

752.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.I7379

Amount of Each Disbursement this Period

1808.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3168.00
---------



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 161 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7392

Amount of Each Disbursement this Period

432.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7393

Amount of Each Disbursement this Period

2384.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		23		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7394

Amount of Each Disbursement this Period

3520.00

☐

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

6336.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 162 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7400

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7403

Amount of Each Disbursement this Period

224.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7406

Amount of Each Disbursement this Period

320.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1344.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 163 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		06		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7409

Amount of Each Disbursement this Period

480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

PRIMARY

FEC Identification Number

C

Transaction ID : SB21B.I7442

Amount of Each Disbursement this Period

3200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7444

Amount of Each Disbursement this Period

320.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 164 OF 180

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SFA Fund, Inc

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2023

Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
PROCESSING FEES

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.I7475

Amount of Each Disbursement this Period

3200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3200.00

**TOTAL** This Period (last page this line number only).....▶

761821.46

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 165 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00828061	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>KEY STRATEGIC CONSULTING, LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> 02 / 14 / 2023	
Mailing Address 1104 WEST BROAD STREET STE. 1083		Amount <span style="border:1px solid black; padding:2px;">100000.00</span>	
City FALLS CHURCH	State VA	Zip Code 22046	Transaction ID : <b>SE24.7345</b>
Purpose of Expenditure ONLINE ADVERTISING/EMAIL COMMUNICATIONS/TEXT MESSAGING		Category/Type <span style="border:1px solid black; padding:2px;">003</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> 02 / 16 / 2023
Name of Federal Candidate: HALEY, NIKKI, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">839555.63</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>KEY STRATEGIC CONSULTING, LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> 02 / 16 / 2023	
Mailing Address 1104 WEST BROAD STREET STE. 1083		Amount <span style="border:1px solid black; padding:2px;">70000.00</span>	
City FALLS CHURCH	State VA	Zip Code 22046	Transaction ID : <b>SE24.7347</b>
Purpose of Expenditure ONLINE ADVERTISING/EMAIL COMMUNICATIONS/TEXT MESSAGING		Category/Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> 02 / 16 / 2023
Name of Federal Candidate: HALEY, NIKKI, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">839555.63</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures .....		<span style="border:1px solid black; padding:2px;">170000.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures .....		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
REID, KATIE, , , Signature		[Electronically Filed] Date <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> 02 / 16 / 2023	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 167 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee <b>KEY STRATEGIC CONSULTING, LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 16 / 2023	
Mailing Address 1104 WEST BROAD STREET STE. 1083		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>	
City FALLS CHURCH	State VA	Zip Code 22046	Transaction ID : <b>SE24.7385</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 17 / 2023
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House      District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>KEY STRATEGIC CONSULTING, LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 03 / 2023	
Mailing Address 1104 WEST BROAD STREET STE. 1083		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City FALLS CHURCH	State VA	Zip Code 22046	Transaction ID : <b>SE24.7407</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 04 / 2023
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House      District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">105000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
REID, KATIE, , , Signature		[Electronically Filed]      Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 18 / 2023	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 168 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>KEY STRATEGIC CONSULTING, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 27 / 2023	
Mailing Address 1104 WEST BROAD STREET STE. 1083			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
City FALLS CHURCH	State VA	Zip Code 22046	<b>Transaction ID : SE24.7423</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 28 / 2023	
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: BIDEN, JOE, R, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">839555.63</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>KEY STRATEGIC CONSULTING, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 05 / 02 / 2023	
Mailing Address 1104 WEST BROAD STREET STE. 1083			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>	
City FALLS CHURCH	State VA	Zip Code 22046	<b>Transaction ID : SE24.7433</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 05 / 02 / 2023	
Purpose of Expenditure ONLINE ADVERTISING/EMAIL COMMUNICATIONS/TEXT MESSAGING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">839555.63</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">165000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
REID, KATIE, , , Signature			[Electronically Filed]    Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 29 / 2023	



FEC Schedule E (Form 3X) Rev. 05/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 170 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>				
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 02 / 14 / 2023	
Mailing Address    4885 MCKNIGHT ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3750.00</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7343</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 02 / 14 / 2023	
Purpose of Expenditure WEBSITE PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: HALEY, NIKKI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">839555.63</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 02 / 14 / 2023	
Mailing Address    4885 MCKNIGHT ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7344</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 02 / 14 / 2023	
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: HALEY, NIKKI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">839555.63</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">53750.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
REID, KATIE, , , Signature			[Electronically Filed]    Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 02 / 16 / 2023	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 172 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px; font-weight: bold;">C</div><div style="margin-left: 5px;">C00828061</div></div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="display: flex; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div></div>	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px;">02 / 18 / 2023</div></div>	
Mailing Address <b>4885 MCKNIGHT ROAD</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3760.85</div>	
City <b>PITTSBURGH</b>	State <b>PA</b>	Zip Code <b>15237</b>	<b>Transaction ID : SE24.7350</b> Date of Disbursement or Obligation <div style="display: flex; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px;">02 / 19 / 2023</div></div>
Purpose of Expenditure <b>TEXT MESSAGING</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>HALEY, NIKKI, , ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px;">02 / 22 / 2023</div></div>	
Mailing Address <b>4885 MCKNIGHT ROAD</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25000.00</div>	
City <b>PITTSBURGH</b>	State <b>PA</b>	Zip Code <b>15237</b>	<b>Transaction ID : SE24.7351</b> Date of Disbursement or Obligation <div style="display: flex; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px;">02 / 22 / 2023</div></div>
Purpose of Expenditure <b>DIGITAL ADVERTISING</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: <b>HALEY, NIKKI, , ,</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">28760.85</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>REID, KATIE, , ,</b>		Date <div style="display: flex; gap: 10px;"><div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px;">02 / 20 / 2023</div></div>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 173 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div>				
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>03</div><div>06</div><div>2023</div></div>	
Mailing Address 4885 MCKNIGHT ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">868.55</div>	
City State Zip Code PITTSBURGH PA 15237				
Purpose of Expenditure TEXT MESSAGING		Category/Type 004	Transaction ID : <b>SE24.7364</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>03</div><div>06</div><div>2023</div></div>	
Name of Federal Candidate: HALEY, NIKKI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">839555.63</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>03</div><div>07</div><div>2023</div></div>	
Mailing Address 4885 MCKNIGHT ROAD			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1051.50</div>	
City State Zip Code PITTSBURGH PA 15237				
Purpose of Expenditure TEXT MESSAGING		Category/Type 004	Transaction ID : <b>SE24.7367</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>03</div><div>07</div><div>2023</div></div>	
Name of Federal Candidate: HALEY, NIKKI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">839555.63</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1920.05</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>REID, KATIE, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M M</div><div style="border: 1px solid black; padding: 2px;">D D D</div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between;"><div>03</div><div>08</div><div>2023</div></div> <div style="text-align: center; margin-top: 5px;"><i>[Electronically Filed]</i></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 174 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 08 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2158.25</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7369</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 08 / 2023
Purpose of Expenditure TEXT MESSAGING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 11 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6666.66</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7389</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 13 / 2023
Purpose of Expenditure TEXT MESSAGING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">8824.91</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
REID, KATIE, , , Signature		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 10 / 2023	
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 175 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 11 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6666.67</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7390</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 13 / 2023
Purpose of Expenditure TEXT MESSAGING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 11 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6666.67</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7391</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 13 / 2023
Purpose of Expenditure TEXT MESSAGING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <b>SC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">13333.34</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  REID, KATIE, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 13 / 2023	
[Electronically Filed]			





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 177 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 02 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7430</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 02 / 2023
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 02 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7431</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 02 / 2023
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  REID, KATIE, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 04 / 2023	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 178 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 05 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30000.00</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7439</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 05 / 2023
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 22 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>	
City PITTSBURGH	State PA	Zip Code 15237	<b>Transaction ID : SE24.7457</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 22 / 2023
Purpose of Expenditure TEXT MESSAGING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">37500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
REID, KATIE, , , Signature		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 07 / 2023	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 179 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>	
Full Name of Payee <b>SHIRE STRATEGIES LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 26 / 2023	
Mailing Address 4885 MCKNIGHT ROAD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30000.00</div>	
City PITTSBURGH	State PA	Zip Code 15237	Transaction ID : <b>SE24.7461</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 26 / 2023
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House      District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>SOMETHING ELSE STRATEGIES, LLC</b> <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 02 / 2023	
Mailing Address 212 GOLDEN WILLOW COURT		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1600.00</div>	
City EASLEY	State SC	Zip Code 29642	Transaction ID : <b>SE24.7436</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 04 / 2023
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: HALEY, NIKKI, , ,		Office Sought: <input type="checkbox"/> House      District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">31600.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  REID, KATIE, , ,		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 28 / 2023	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 180 OF 180  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>SFA Fund, Inc</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00828061</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					
Full Name of Payee <b>SOMETHING ELSE STRATEGIES, LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 02 / 2023		
Mailing Address 212 GOLDEN WILLOW COURT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1600.00</div>		
City EASLEY	State SC	Zip Code 29642	<b>Transaction ID : SE24.7437</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 04 / 2023		
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: HALEY, NIKKI, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">26346.77</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>		
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">1600.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">880069.07</div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>REID, KATIE, , ,</i>		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 05 / 04 / 2023	